State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	00 / 4	E		N:	ame of	Building Co	Owner/Operator (2) Job #1507-4934	Check #7502				
(8 /	28 / 1	_/		100	treet Ac				SE!!	1	1:5	-	
Agències Notified	Type Notification	T					d Avenue						
⊠ EPA ⊠ DOLWD	⊠ Amended					te, Zip Co							
⊠ DOEWB	Amendment	# <u>1</u>	1			wood, No							
⊠ DCA	☐ Emergency (1	N.I		Contact	7 007 01	1	Telephone Number	er			
(NJAC 5:23-8)	justification)			IN		ael Voris		8					
	☐ Cancellation												
					FACI	LITY INF	ORMATION	To a of English (4)					_
Name of Facility Where	Abatement is Tak	ing Place	(3)				7	Type of Facility (4)	ļ.				
Georgian Court U	niversity							☐ School (K-12) ☐ Subchapter 8 (Other than K-12)				
Street Address			100	-214				Other (i.e., priv	ate and commerc	ial build	dings	1	
900 Lakewood Av	enue							homes, etc.)		Dide	Λ α		
City (5)								Square Feet	# of Floors	10000000	g. Age 00+	3	
Lakewood									2		JU*		
County (6)					County	/ Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolist	nea)			
Ocean								University					
Name of Monitoring Fire	m Hired by Buildin	g Owner	(8)	A	SCM N	lo.	Name of Abateme	ent Contractor (9)					
Pennoni Associat							AbateTech, I	nc.					
Street Address							Street Address						
515 Grove Street,	Suite 1B						30 Maple Ave	e. PO Box 25					
	Suite 15		_				City, State, Zip C	ode					
City, State, Zip Code	N I 00025						Lumberton,						
Haddon Heights,			T	elen	hone N	lo l	Telephone No.		License No.				
Project Manager for Mo	onitoring Firm				6-547-		609-265-210	7	00529				
Ralph Coppola	[00]	heduled					Name of OSHA	Monitor					
Start Date (10)		9					EMSL Analy						
8 / _10_							Street Address						
Occupancy Status Dur	ing Abatement (Ch	neck only	one) -+	nont		200 Route 1	30 North					
☐ Facility Closed/Vac	ated During Entire	Period o	ity H	ours	ent - Desc	cribe	City, State, Zip C						
Time of Abatement	ed Outside of Nort	PM/	F	PM	, - Dooc	AM	Cinnaminso						
							Cililatiiiiso	11, 110 00011					
Scope of Work (Check	all that apply)							ntainment with Neg	ative Pressure				
☐ >3 sf or >3 lf			Reno				Mini-En	closure					
≥160 sf or ≥260 lf)emc	litio	n		☐ Glovebi	ag Procedure empted (*) and Nor	-Friable Procedu	re			
			1-1-		0.0						atem	ent T	уре
			Is Lo	mal			Description	of		R	D	Ш	П
Locati Asbestos-Containi			sed S	Sole	ly by	Asbe	stos Containing M	laterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A		1	/laint		nce/ Staff?	(i.e	e., thermal systems surfacing, VA	s insulation,	(Specify SF or LF)	oval	=:	nsq	Sun
IN Fa		0		12)	Jian :		other miscellan	eous)	9			late	Ф
(1)	3)	Ye	s	No	N/A	1						5550	_
				7		Boiler I	nsulation from	2 Boilers	10'x5'x10'				
Boiler Room	Attall Attio			_					300 LF		N		
(Non-Sub8) Raymo	ond Hall - Attic		L			Pipe/Fi	tting Insulation			-		7	TE
			1	_	+					ᆜᆜ			+=
			Г	٦									L
Name of Registered V	Naste Hauler			IN	JDEP '	Waste	Cubic Yards of	Name of Regis					
	vadio Haulel			57.15	lauler I	D No.	Waste	G.R.O.W.S	. Landfill				
AbateTech, Inc.					18750	0	18 Disposal Date	City, State					
City, State							9/4/15	Tullytown	PA				
Lumberton, NJ			-15					,,		ate, i		1 -	
Completed By (Print of		Title	222		_	r	Signature	AMMIT		81	28	115)
Gwendolyn Trur	nbetti	Ope	atio	ns	Coord	linator		VX 1111		- 1			

Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)		3 350	-			
8 /27	/1	5		JC	P&L/Firs	tEnergy Compar	ny / Job #15						
- In the control of t	lotification	1		Stree	t Address					abes			
⊠ EPA				10	Legion F	Place- Building A							
⊠ DOLWD □ Am		π.		City,	State, Zip	Code							
	endment : ergency (Mo	rristown	, NJ 07960							
	ification)	including	4	Name	of Contac	at .		Telephone N	lumber				
[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	ncellation			Jol	nn Greco	1		1					
				FA	CILITY IN	NFORMATION							
Name of Facility Where Abateme	nt is Takii	ng Place	(3)				Type of Facility						
JCP&L	76						School (K-1	2) 8 (Other than K	-12)				
Street Address								private and com		bui	lding	JS,	
1500 Florence Avenue							homes, etc.	<u> </u>					
City (5)							Square Feet	# of Floors		Bld	g. A	ge	
Union Beach													
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)			
Monmouth							Utility Buil	ding					
Name of Monitoring Firm Hired by	/ Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))					
1 Source Safety & Health						AbateTech, I	nc.						
Street Address						Street Address							
140 South Village Ave. Sui	ite 130					30 Maple Ave	e. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode		- 0.00100001-2-		2-527		
Exton, PA 19341						Lumberton, N	NJ 08048						
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.					
Brian Hovendon			6	10-524	-5525	609-265-2107	0	00529					
Start Date (10)	Sche	eduled C	omple	etion Da	ite (11)	Name of OSHA M	lonitor						
_ 8 / _25 / _15		8_/	_2	8_ /	15	EMSL Analyt	ical						
Occupancy Status During Abatem	nent (Che	ck only	one)	- 2027-11-3		Street Address							_
☐ Facility Closed/Vacated During	Entire P	eriod of	Abate	ement		200 Route 13	0 North						
Abatement Performed Outside					cribe	City, State, Zip Co	ode						137
Time of Abatement:AN	1F	PM/ <u>6</u> PM	- <u>2</u> AM			Cinnaminson	, NJ 08077	19					
Scope of Work (Check all that app	oly)					☐ Full Cont	ainment with Ne	native Pressure					
≥3 sf or ≥3 If		⊠ Re				☐ Mini-Enc	losure	gativo i ressure					
≥160 sf or ≥260 lf		☐ De	moliti	on			g Procedure mpted (*) and No	on Frieble Drees	dura				
		le	Loca	tion		☑ Non-Exe	impled () and Ni	Triable Ploce		N 1		T	
Location of		10000	Vorma			Description o	f		-		_	ent T	
Asbestos-Containing Material	(ACM)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	2	0	Repair	Enc	Enc
TO BE ABATED IN Facility		100000000000000000000000000000000000000	intena todial	ance/ Staff?	(i.e	, thermal systems i		(Specify	Ö	Domouol	air	aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellane		SF or LF)	1 5	-		Encapsulate	le
****		Yes	No	N/A			585524					Ф	
Garage Area Bays				\boxtimes	Asbest	os Debris Clean	Up	10,000 SF					
]			
Name of Registered Waste Hauler	- 1		100	JDEP I		Cubic Yards of	Name of Regi	stered Landfill					
AbateTech, Inc.			F	lauler II		Waste	G.R.O.W.S						
City, State				18750		10 Disposal Date	City, State	Appendix a Mark a mark a series		7.00		- 11	
Lumberton, NJ						8/28/15	Tullytown	, PA					
Completed By (Print or Type)	Titl	e		-		Signature		e o casonical	Date	4			
Gwen Trumbetti	100000	o Operati	one	Coordi	nator	Olgitator C	. 1		Date	1:	27/	15	
Non 44		Polati	J. 13	Joolul	ilacoi	1 (/Y M	U		-	10	- 1	1	

ASB-41 MAY 11

CK # 6527

Date of Notification (1)			Name of	Building G.	Owner/C	perator	(2)		YFF)	1 4 4				
Agencies Notified Type Notification			Street A	ddress HADLEY	/ DOAL			- 1						
EPA Initial Amended Amendment #			City, Sta	ite, Zip Co H PLAIN	ode		7080	1						
☐ Emergency (ii justification)			1000000	f Contact			1 1000		Tel	ephone Num	ber			
DCA Cancellation			G-U	S /	UA-	JE.	RA	<u> </u>						
Name of Facility Where Abatement is Taking	Place (3	3)	1 AU	LITT HAT	JAN INTERNATION	1	Туре	of Facility	(4)					
PSEVG Street Address								School (K-1 Subchapte		er than K-12)			
17-53 NEVIN	S	Ro	AD					Other (i.e. petc.)		& commercia		dings,	, home	es,
FA; RIAWN							30000	re Feet	# 0	f Floors		ildg. A		•
County (6)				Code (7)						ng demolish	ed) '	17	60	YRS
Name of Monitoring Firm Hired by Building O	umer (8)		ASCN	USE ONLY		Name	of Aba	Su tement Co	B	5 TAT.	0	W	-200	
ENVIRONMENTAL TACTICS	wher (o)		004							AMERICA				
Street Address 64 BROAD STREET						Street 396 \		ss EHEAD .	AVE.					
City, State, Zip Code MATAWAN, NJ 07747								ip Code IVER, N	J 0888	32	1			
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217		Teleph 732-4				License No					
Start Date (10)	ed Com	pletion	Date (11)				HA Monitor SYSTEM		AMERICA					
Occupancy Status During Abatement (Check	Only Or	ne)		~		Street		ss EHEAD	۸\/⊏					
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	al Facility	Abatem y Hours	ent			City, S	tate, Zi	ip Code						
Scope of Work (Check All That Apply)						SOU	IHR	IVER, N.	J 0888	32				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renovat Demoliti					Mir Glo	ni-Enclosur vebag Pro	e cedure	Negative P			æ	
	1	Location					1		0 () 0	-		Abate	ement	
Location of	_ Use	Vormally d.Solely	yby -	- Asbeš	Des tos Cont	scription aining M		(ACM)	А	mount .		- 13	pe m	
TO BE ABATED In Facility		intenan todial S			thermal		insula		(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A		other n	niscellan	eous)				oval	air	sulate	sure
OUTSIDE	\ \	NIA	TPAN	S'TO P)aT	R	ANK	4	00 LF	X				
0413111			TICHIO	31/6 ~	-46-1		TON		00 4	/\				

Name of Registered Waste Hauler		I NI	IDED IA	lt-	Cubic	VI-		Name	Danista					
WASTE MANAGEMENT		Ha	JDEP Wauler ID 125		Oubic of Was		-	GROW		red Landfill RTH				
City, State ELIZABETH, NJ					1	al Date		City, Stat MORR	SVILL					
Completed by CAROL RAIMO	Title	ICE M	GR.		S	ignature	Pral	Pac	M	Dat	8/3	1/1	15.	

CK # 6532

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

NOTIFICATION Print Form

	Date of Notification (1),				f Building (Owner/Op	perator (2)							
	8/31/15			P.S.E.					SFF	1	1971			
	Agencies Notified Type Notification			Street A	iddress HADLEY	DOM:								
	EPA X Initial		1			100000000000000000000000000000000000000	,							
	DEP Amended DOL Amendment #				ate, Zip Co H PLAIN		NIOZO	120						
	Emergency (ir		-		f Contact	er illi	, 145 07 0		T-1>	Nt				
	DOH justification) Cancellation			-		A	PAN	1 - ,	Telenn	one Niin	ner			
	Carcellation				HN ILITY INFO	PMATIC	RADI	-67						-
	Name of Facility Where Abatement is Taking	Place (3))	TAG	ILIT INCC	MINATIC		ype of Facility	(4)				7-1-1-1-1	
	PSEX G							School (K-	12) - · · · · ·			0.000		***
	Street Address							Subchapte	8 (Other th					
	13 VAN VLIE	/					×	Other (i.e.)	orivate & co	mmercia	al build	dings	, home	es,
	City (5)						S	quare Feet	# of Flo	oors	B	ldg. A	Age	
	CLIFTON							18,248		3	A	Px	849	PYR
	County (6)				Code (7)			urrent Use (Pri	or if being o				-	/
	PASSA,C			(STATE	USE ONLY)		_		SwiT	CH	٠,	51	AT.	ON
	Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN				Abatement Co		EDIO				
_	ENVIRONMENTAL TACTICS			004	15			E SYSTEM	S OF AIV	IERICA				
-	Street Address 64-BROAD-STREET						Street Ad	dress HITEHEAD-,	۸\/⊏					
		1100-00-001-00					747-07-01-01-01-01-0		AVE:					
	City, State, Zip Code MATAWAN, NJ 07747							e, Zip Code H RIVER, N.	1 02222					
	Project Manager for Monitoring Firm			Talaaba	as Na									
	TOM GEIGER	(13)		Telepho 732-29	92-2217		Telephon 732-43		- 1	cense No 01111).			
		Schedule	d Cor		Date (11)	-		OSHA Monitor		71111				
	9/14/2015	12			1015	1.7		E SYSTEM		ERICA				
	Occupancy Status During Abatement (Check		_	1/0	013		Street Ad							-
	Facility Closed/Vacated During Entire Pe	rind of A	haten	nent			396 WH	HITEHEAD .	AVE.					
	Abatement Performed Outside of Norma	I Facility	Hours	3 .	٠. ــا		City, State	e, Zip Code						
	Other - Describe: <u>Du75:DE</u> , NE	CE 55,	ARY		NIV	-	SOUTH	HRIVER, N.	J 08882					
	Scope of Work (Check All That Apply)	1000			-/		2/24/2000							
	≥3 sf or ≥3 lf	=	enova					Full Containm	ent with Ne	gative P	ressui	re		
	≥160 sf or ≥260 lf	∐ D	emolit	ion			H	Mini-Enclosure Glovebag Pro						
							区	Non-Exempte		on-Friabl	e Pro	cedur	e	
	-	Is	Locati	ion									ement	
	Location of		ormal			Desc	cription of				_	Ty	pe	
	Asbestos-Containing Material (ACM) TO BE ABATED		d Sole		Asbest	os Conta	ining Mate	erial (ACM)	Amou		_		甲	m
	In Facility	Custo	odial S	Staff?	(i.e.		ng, VAT,		(Spec SF or		Remova	Repair	cap	nclo
	(13)		(12)			other mi	scellaneo	us)			ova	oair	Encapsulate	Enclosure
		Yes	No	N/A							_		te	Ф
	outside CONTROL BIDG		X		ann	101.1	N. 2	Caulking	110	115	V			
	DA STOR CONTRA DIDG		/		JICHI	$\omega_i v$	DOW	C41111100	1130) -1-				
				-										
			See III See						1					
	Name of Registered Waste Hauler			JDEP Wauler ID		Cubic Y of Wast		Name of	Registered	Landfill				
	WASTE MANAGEMENT			1125			150	GROW	S NORT	Н				
	City, State				Disposa	al Date	City, Stat	e					-	
	ELIZABETH, NJ	ELIZABETH, NJ							SVILLE,	PA				
	Completed by	Title				Sic	B A			Dat	e Or	/	,	
	CAROL RAIMO							Pain	-		0/	211	1, 4	5-

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

Cl #2862

Date of Notification (1)					Owner / Operato		IAGLI				
8/26/15		_			MUNICATIONS	3	on me on .				
Agencies Notified Type Notificati	on	Street					SEF	-115			
⊠ EPA				on Str	STATE OF THE STATE						
DEP Initial	A SANGER			& Zip C			11.55				
DOL Amend	(CESS)				, New Jersey		3 8 B B				
□ DOH □ Emerge		Name						Telepho	ne N	lumb	er
☐ DCA ☐ Cancel	lation	Alex	Baylo	or				F			
		FAG	CILIT	Y INF	ORMATION						
Name of Facility Where Abatemen	t is Taking Place	(3)			Type of Facili	ity (4)					
New Brunswick Central Office	е	3.0.E.V.			School (I						
Street Address					□ Subchap	ter 8 (Other t	han K-12)				
18 Paterson Street							ommercial buildi	inas, hom	ies. e	etc.)	
					Square Feet	# of F		Bldg. Ag		,	
City (5)	County (6)	ounty (Code (7)	240000		8	Diag. 7 ig	_		
	/liddlesex	ourney c	, ,	. ,	Current Use (
THEW BIGHTSWICK	liuulesex						demonstred)				
Name of Monitoring Firm Hired by	Divildina Oversa (C	2)	TAGG	NA NI-	COMMUNIC						
USA ENVIRONMENTAL MANA		5)	ASC	M No.	Name of Abar BRISTOL E						
Street Address					Street Addres						
8436 ENTERPRISE AVE					1123 BEAV		Γ				
City, State & Zip Code					City, State & 2						
PHILADELPHIA PA 19153					BRISTOL, F	PA 19007					
Project Manager for Monitoring Fire		ephone		per	Telephone No		License	Number			
MARK JENKINS		-365-5			215-788-604	desired the second second		0050	19		
Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10)	cheduled Complet	ion Dat 30/15	e (11))	Name of OSH BRISTOL E		NTAL INC				
Occupancy Status During Abateme					Street Addres		INTAL INO				
Facility Closed/Vacated Du			ateme	nt	1123 BEAVI		-				
Abatement Performed Outs	트립 전 1 · 7 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·				City, State & 2	CONTRACTOR DE LA CONTRA					
Describe: 5 PM - 1:30				- ор	BRISTOL, F						
Facility Occupied During Al					Ditto TOL, T	A 10001					
Scope of Work (Check all that appl											
Coope of tronk (officer all that appr	37					Full Co	ontainment with	Negative	Pres	sure	Í
≥3 sf or ≥3 If		Ren	ovatio	n			nclosure				
≥160 sf ≥260 lf		Dem	nolition	n			Bag Procedures	3			
							xempted and No		Pro	cedu	re
Location of	Is	Locati	on		Description		Amount				
Asbestos-Containing		mally L			Asbestos-Conf		(Specify				71-
Material (ACM)		Solely b			Material (AC		SF or LF)			Щ	m
TO BE ABATED	Mair	ntenan	ce or		(i.e., thermal sy	ystems		Ren	Re	ıca	ncl
in Facility	Cus	todial S	Staff?	i	nsulation, surfac			Remova	Repair	Encapsula	Enclsoure
(13)		(12)	N.1.1.0		or other miscella	aneous)		<u>a</u>	_	late	Ire
***	Yes	No	N/A								
5 th Floor Upper Area & AC Roo	om 41 🛛				Vat/mast		6000 SF		Ц	Ц	닏
5 th Floor Upper Area & AC Roo					Pipe fittin		30 LF		Ш		Ш
5 th Floor Lower,MER 42 & Hall					Vat/mast	ic	5500 SF		Ш		Ш
5 th Floor Lower,MER 42 & Hall					Pipe fittin	gs	22 LF		Ш		
5 th Floor AC Room 44					Vat/mast	ic	600 SF				
5 th Floor AC Room 44					Pipe insula		130 LF				
Name of Registered Waste Hauler	_	0.020		and the second	Cubic Yards	Name of Re	gistered Landfill				
SERVICE TRANSPORT GROU	P, INC.	0.000	uler ID 990		of Waste 400	MINERVA	LANDFILL				
City, State					Disposal Date	City, State					
NEW CASTLE, DE 19720					TBD	WAYNESE	BURG, OH 446	88			
Completed By (Print or Type)		Title			Signature	. 0-	0 1	Date			
PATRICK T. DeCARO		PR	OJ. I	VIGR.	Patrick,	g. De	Cow/jl	8/26/	15		

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

CR# 2862

PAGE 2 Date of Notification (1) Name of Building Owner / Operator (2) 8/26/15 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address \boxtimes EPA 18 Paterson Street DEP Initial City, State & Zip Code \boxtimes DOL Amended New Brunswick, New Jersey DOH Emergency Name of Contact Telephone Number DCA Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) New Brunswick Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 18 Paterson Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 240000 New Brunswick Middlesex Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/14/15 10/30/15 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5 PM - 1:30 AM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 5TH Floor MER 42 Vat/mastic 300 SF X \times X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 400 MINERVA LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO PROJ. MGR. Patrick J. De Caro/jl 8/26/15

PD 15092

CK 11374

Date of Notification (1) 8/27/15		Name of	Building Ow Dil, NA	/ner/Operat	tor (2)			SED	4		-	
Agencies Notified Type Notification		Street A	ddress arper Driv	a				777		# % 1	60	-
EPA Initial Amended Amendment #		City, Sta	ite, Zip Code stown, NJ)								
Emergency (ir justification) DCA Cancellation	ncluding		f Contact lorgano				Telepho	ne Num	ber			
Manager Francisco Abata and in Talaina	Diago (2)	FACI	LITY INFOR	MATION	1 7	no of Facility (4	\					
Name of Facility Where Abatement is Taking Former Gas Station	Place (3)					ype of Facility (4 School (K-12	***					
Street Address 2131 Route 35 Union Ave.					×	Subchapter 8 Other (i.e. pr etc.)				lings,	home	ıs,
City (5) Holmdel					1.55	quare Feet 500	# of Floo	ors		ldg. A 5		
County (6) Monmouth			Code (7) USE ONLY)			urrent Use (Prio acant	r if being d	emolish	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCI	Л No.			Abatement Cont e Environmer		ems, Ir	ıc.			
Street Address 28 N. Pennell Rd				100000000000000000000000000000000000000		dress st Union St.						
City, State, Zip Code Media, PA 19063						e, Zip Code Chester, PA 1	9382					
Project Manager for Monitoring Firm Alan Sutherland		Telepho	ne No. 91-0114			e No. 1-9000	1	ense No).			
Start Date (10)	Scheduled C			Nan	ne of	OSHA Monitor as project						
Occupancy Status During Abatement (Check						Idress			_			-
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Abate					e, Zip Code						
Other – Describe:				-								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Reno Demo	vation				Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				a	
	ls Loc	ation			Little	TYON Exemples	() and rec	ii i iiubi		10.00 - 11.	ement	
Location of	Norm	ally		Descript	tion of					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (12	nance/ Il Staff?	(i.e. th		g Mat ems ir VAT,	erial (ACM) nsulation, or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
roof		X		roofing n	masti	ic	200 8	SF	Х			
Name of Registered Waste Hauler		NJDEP V	Vaste	Cubic Yard	s	Name of F	Registered	Landfill				
Mercer group		Hauler ID 10416	No.	of Waste		Grows L		1				
City, State Camden, NJ				Disposal Da Various	ate	Palls To		PA				
Completed by Robert M. Casciato	Title Presider	ıt		Signat	tufe		7	Dat 8/2	e 27/15	5		

CK 11313

MAY 11

Date of Notification (1)	27 / 15	i			of Buildin ryn New	g Owner/Operator (Jersey	2)		REP	1 2	715	
Agencies Notified	Type Notification				Address			-	ا جارات			
⊠ EPA	☐ Initial			0.0000000000000000000000000000000000000	A00.0000000000000000000000000000000000	andis Ave.			-			
☑ DOLWD		_			State, Zip							
☑ DHSS ☐ DCA	Amendment #		20		eland, N							
(NJAC 5:23-8)	☐ Emergency (ir justification)	iciuaing	9	Name	of Contac	ot		Telephone N	lumber			
	☐ Cancellation			Pet	er Thom	as						
				FA	CILITY IN	NFORMATION	-	1				
Name of Facility Where A	Abatement is Takin	g Place	(3)				Type of Facility (4)				
Elwyn New Jersey							School (K-12))				
Street Address							☐ Subchapter 8 ☐ Other (i.e., pr			huildin	70	
1667 East Landia A	ve.						homes, etc.)	ivate and com	irriciciai	Junung	3 5,	
City (5)							Square Feet	# of Floors		Bldg. A	ge	
Vineland, NJ 08361							3000	3		84+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri		nolished)		
Burlington			(=)				Vacant / Inst	titutional				
Name of Monitoring Firm VERTEX	Hirea by Building	Jwner	(8)	ASCM	No.	Name of Abateme						
Street Address				NA		The second secon	ironmental Sys	tems				
700 Turner Way						Street Address 550 East Unio	on C4					
City, State, Zip Code						City, State, Zip Co						
Aston, PA 19014						West Cheste						
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.	1,17 10002	License No	١			
Don Heim			1	10-558		610-701-9000)	00508				
Start Date (10)				etion Da		Name of OSHA N	Ionitor					
9 / 8 /	The second second			8 /	15_	AET						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate☐ Abatement Performed						28 N. Pennel						
Time of Abatement: 7	AMPM/3:3	OPM	у нои	rs - Des AM	scribe	City, State, Zip Co Media, PA 19						
Scope of Work (Check all	that apply)					Media, FA 13	003					
□ >2 of or >2 If							tainment with Neg	ative Pressure	9			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		□ Re	enovat emoliti			☐ Mini-Enc ☐ Glovebag						
							mpted (*) and Nor	n-Friable Proc	edure			
		4500	Loca						A	batem	ent T	уре
Location Asbestos-Containing I			Norma ed Sol	ely by	Ashe	Description o estos Containing Ma		Amount	2	Re	m	m m
TO BE ABA	TED	2.00730033	intena	ance/ Staff?		e., thermal systems i	insulation,	(Specify	Nellioval	Repair	icap	Enclosure
IN Facilit	.y	Cus	(12)	-		surfacing, VAT, other miscellane	or	SF or LF)	1 2		Encapsulate	sure
(10)		Yes	No	N/A		other miscellane	ous)				ite	
Old Purchasing					VAT			50			П	
Old Purchasing					Pipe In:	sulation		125 LF		_		
Old Purchasing					Transit	e Pipe		30 LF	×			
Old Purchasing					Wire W	rap		500 LF	×			
Name of Registered Wast	e Hauler			JDEP V		Cubic Yards of	Name of Regist	ered Landfill				
David Geppert Recy	cling		1	lauler ID	O No.	Waste 40	Western Be	rks Commu	inity La	ndfill		
City, State						Disposal Date	City, State					
Hatfield, PA						TBD	Birdsboro,	Pa				
Completed By (Print or Ty	rpe) Title					Signature	sea-		Date			-
Mark Griffin	E	stima	tor						Date 8-2	27	, 12	5
ASB-41			operation state -				<i>[[]</i>			~/-	~	
MAY 11	*	Do not	use th	ns form	tor asbest	os licensure exemp	ted activities.					

Location of Asbestos-Containing Material (ACM) TO BE ABATED				Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
/ IN Facility	YES	NO		,			air	te [re
			X			X	Ш	Ш	Ш
			X			X			
Old Purchasing			X	Window Caulk	430 LF	X			
Old Purchasing			X	Roof Tar	3500 SF	X			
			X			X			
			X			X			
			X	į.		X			
			X	4		X			
			X			X			
			X	12		X			
			X			X			
			X	8		X			
· ·			X	2		X			
3 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			X			X			
			X	3		X			
	日		X			X			
			X			X			
			X			X			
3.81			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
	目		X			X			
			X			X			
			X			X			

OX 2084

Date of Notification (1)			Name o	f Building	Owner/C	Operator (2 0 000	20					
Agencies Notified Type Notification)	-	Street A	ddress	DIA	NE	2011/S	011	- 8	EP-	* 2		
			141	14	mr	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Sh						
EPA Initial Amended			41	ate, Zip Co	de	2111		200:	1				
DOL Amendment #	-	-	1 1 1	ree 1) lid	pes_	, MJ C	1888	1				
DOH justification) DCA Cancellation	3	100	Name o Eric P	f Contact	,	0		Te	lenhone N	lumbar			
BCA Cancellation				ILITY INFO	ORMATI	ON		1	Sent ever to the	-			
Name of Facility Where Abatement is Taking	Place (3))					Type of Facility	(4)					
							School (K						
Street Address							Subchapt Other (i.e				dings	, home	es,
City (5)							etc.) Square Feet	# 0	f Floors	T F	Bldg. A	Ane	
Inree Bridges	>						1472	""	2		6	(
County (6)				Code (7) USE ONLY			Current Use (P	2	ing demo	lished)			
MUNTUCION	(0)						100.	ne	(0)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	/I No.		4 10 10 10 10 10 10 10 10 10 10 10 10 10	of Abatement C Industries Ir		(9)				
Street Address			,			Street A							
-						P.O.	Box 915						
City, State, Zip Code						The second secon	ate, Zip Code	. 0070					
Project Manager for Monitoring Firm		т-	Telepho	ne No		Telepho	New Jersey	/ 00/23	License	No.			
			rolopito	110 110.		50	899-7499		01196				
Start Date (10) \$ 127 / 5	Schedule	d Com	pletion	Date (11)	Ì	Name o	f OSHA Monito	or					
Occupancy Status During Abatement (Check	Only On	e)	,,,,,	,		Street A	Address						
Facility Closed/Vacated During Entire Po	eriod of A	batem	ent										
Abatement Performed Outside of Norma Other – Describe:	al Facility	Hours				City, St	ate, Zip Code						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	⊠ R	enovat	tion			X	Full Contains	nent with	n Negative	e Pressu	re		
≥160 sf or ≥260 lf	D	emoliti	on			-	Mini-Enclosu Glovebag Pr	ire					
	-						Non-Exempt		d Non-Fr	iable Pro	cedur	e	
		Locatio										ement /pe	t
Location of Asbestos-Containing Material (ACM)		ormall Solel		Achae		scription of	of aterial (ACM)		mount		T '		
TO BE ABATED	0.000	ntenan odial S		(i.e.	thermal	systems	insulation,	(8	Specify	Re	R	enca	Enc
In Facility (13)		(12)				cing, VAT niscellane		Si	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							=	0000	ate	e,
			7	0,00	IN	alla	tion	100	LF	K			
							ining		SF	V			
2			0	ريون	10.1-L	Milu	like						
						11 1.00	.,,,						
Name of Registered Waste Hauler		1111100	JDEP W			Yards	Name o	f Registe	ered Land	Ifill			
Brick Industries Inc.		0.000	auler ID 1602	INO.	of Was	ste 8	GROV	VS Inc.	8				
City, State			- 1112		Dispos	sal Date	City, Sta	ate					
Brick, New Jersey	I					ignature	PA	۸			9-		
Completed by Eric Plackis	npleted by Title						CIR	"/		Date	16	115	>

State of NJ Notification of Asbestos Abatement

2015-158 B & G proj. #:

(Pursuant to NJAC 8:60-7 and 12:120-7)

N	1777	150			 -		*
	115	11.			-	1	
- 17.		-	77		 	11	
	Cl	neck	# 73	70			

											_
Date of Notification (1)	I I Name o	f Building Owr	ner/Operator (2	Υ.		DEF	1 20	15			
0 8 / 2 7 / 1 5	11	Fuel Stops		7							
Agencies Notified Type Notificat			, 1110.			F-11		_			
FPA FPA	Olicely	Corbin Stre	ot.								
DEP Initial			et				-				
▼ DOL		ite, Zip Code rark, NJ 07	144								
☑ DOH			144			Tolophor	a Number		-		
☐ ☐ Cancella	1	Contact				relephor	e Number				
DCA CONTROL	Bor	s Berznyak						_			
*		FAC	CILITY INFORM	OITAN	N						
Name of facility where abatement i	s taking place (3)					Type of Facility					
Swift Fuel							ol (K - 12)				
Street Address						110000	apter 8 (Oth (Private/Con			-12)	
151 Corbin Street							/Homes, etc		Clai		
						Square Feet	# of Floors		Bl	dg. A	ge
City (5)	County (6)				unty Code (7) ate use only)			_		- 15	
Newark, NJ 07114	Essex			(518	ate use only)	Current Use (P	rior if being	dem	olishe	ed)	
Name of Monitoring Firm Hired by	Bldg, Owner (8)		ASCM No.	-	Name of Abatement (-					-
TTI Environmental Inc.			00003		B & G Restorati						
Street Address				-	Street Address	511, 1116.		_		_	
1253 North Church Stree	t				105 Ryerson R	oad					
City, State, Zip Code		9		_	City, State, Zip Code						
Moorestown, NJ 08057					Lincoln Park, N	NJ 07035					
Project Manager for Monitoring Firm	1	Phone Num	ber		Telephone Number		License N		er		
Michael Stocku		856-840-8	800		(973)696-6869		003	/8			
Scheduled Start Date (10)	Sched. Com	oletion Date (1	11)		Name of OSHA Monit B & G Restorati						
09-14-15	09-23-15				Street Address	011, 1110.	-				100
Occupancy Status During Abatemer	nt (Check only on	e)	10120	_	105 Ryerson Ro	oad					
Facility closed/vacated during					City, State, Zip Code				_	_	
Abatement performed outside Describe:	of normal facility	hours-			0 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -						
Other-Describe:				_	LincolnPark, NJ	07035					
Scope of Work (check all that apply	y)									- de	-
▼ Demolition	Renovation			×	Full Containment w/neg	ative pressure	Gloveba	g pro	cedu	ıre	
> <u>3</u> sf or > <u>3</u> If	≥160 sf or ≥260 l				Mini-enclosure		★ Non-fria	ble p	roce	dure	
Location of	Is location norm		ly					Re	R	Е	E
asbestos-containing	by maintenance staff(12)	/custodial			sbestos-containing	Amount (Specify S		m	e p	n	n
material to be abated in facility (13)	Yes N	N/A	- material	(ACM)		LF)	20. 20.00	0	a i	a	C
	100					Į ‡i		e	Ė	р	-
Storage, locker & bath rooms		×			Compound	500 sf		X	屵	님.	#
Deli		×	Interior b	rown	door caulk	20 lf		X	屵	H	ዙ
		X	-			_		X	片	片	H
		X	-					X	屵	-	ዙ
Registered Waste Hauler	NJDEP Hai	Iler ID# 1	Cubic Yards of	Waste	Name of Registered	Landfill		즤		Ш	1
Rovic Transport	20785		10		Grand Central S		11				
City, State		Disposal			City, State						
Riverdale, NJ		9/1	4/15 - 9/24/	15	Pen Argyl, PA		15:			¥	
Completed by (Print or Type) Gordana Luna	Title Secretary/Tre	asurar	Signature		Gordana Luna		Date 8-27-1	5			
COLUGIIA LUIIA	LICUICIOIVI I I E	COULCI					1 17-61-1				

CX 2456)

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

Date of Notification (1)					Name o	f Building	Owne	r/Operator (2	2)						
8/	28 /	15			Arist	a Develo	pme	nt			000				
Agencies Notified	Type Notification	on			Street A	Address		M. A			W [2]	- 3	المال		
□ EPA					520 I	Providen	ce Hi	ghway Sui	ite 9						
☑ DOLWD	Amended				City, Sta	ate, Zip Co	ode								
☑ DHSS	Amendmen Emergency		ina		Norv	vood, PA	0206	52							
DCA (NJAC 5:23-8)	justification		ing	r	Name o	of Contact					Telephone Num	ber			
(Cancellatio	n			Pierr	e Ibanez									
					FAC	ILITY INF	ORN	MATION							
Name of Facility Where	Abatement is Ta	king Pla	ace (3)					Type of F	acility (4	4)				
Commerical/Resid	ential House	& Gara	ige						School)\			
Street Address									☐ Subcr	napter 8 (i.e., pri	(Other than K-12 vate and comme	rcial bu	ilding	S,	
20-24 Hillside Ave	Marin St.									es, etc.)		Assistance of the second			
City (5)									Square F	eet	# of Floors	Blo	ig. Ag	je	
Hillside									3000		2		55÷	15	
County (6)					Count	y Code (7)	(STATE	USE ONLY)	Current l	Jse (Prid	or if being demoli	shed)			
Union								1	Vacar	nt					
Name of Monitoring Firm	Hired by Buildin	ng Own	er (8)	1	ASCM N	No.	Nam	e of Abateme	ent Contra	ctor (9)					
Health and Safety	Services, Inc				0011	7	Su	perior Aba	tement	Inc					
Street Address							Stree	et Address							
PO Box 365							2 F	Henderson	Drive						
City, State, Zip Code							City,	State, Zip Co	ode						
Berlin, NJ 08009							W	est Caldwe	II, NJ 07	006					
Project Manager for Mor	nitoring Firm			Tele	phone N	No.	Tele	ohone No.			License No.				
Jim Proctor				(8	56) 452	2-1311		73) 808-161			00411				
Start Date (10)	So	chedule	d Cor	nple	tion Dat	e (11)	Nam	e of OSHA N	/lonitor			-			
9 / 8 /	15	9	_ / _	18	_ / _	15	Su	perior Aba	atement	Inc					
Occupancy Status Durin	ng Abatement (C	heck or	nly on	e)			Stree	et Address							
☐ Facility Closed/Vaca							2	Henderson	Drive						
Abatement Performe						cribe	City,	State, Zip C	ode					7.11	
Time of Abatement:	_AMPM/		-M		_AM		W	est Caldwe	ell, NJ 07	006					
Scope of Work (Check a	all that apply)							П = # 0		.:45 Nac	ative December				
☐ >3 sf or >3 lf			Ren	ovati	on			☐ Full Con		with Neg	gative Pressure				
≥160 sf or ≥260 lf		\boxtimes	Dem					□ Gloveba	a Procedu	ure					
								⊠ Non-Exe	empted (*)	and No	n-Friable Proced		New York Control	-	4070000
1 0-			800000	ocat orma				Description of	of			100	-	ent Ty	
Location Asbestos-Containing)	Used	Sole	ely by		stos C	Containing Ma	aterial (AC		Amount	Remova	Repair	Enc	Enclosure
TO BE AB					nce/ Staff?	(i.e		mal systems urfacing, VAT		١,	(Specify SF or LF)	NOV	왕	aps	losu
IN Faci				(12)				er miscellane			31 01 11)	<u>n</u>		Encapsulate	Ге
(,	10	Y	'es	No	N/A		577.6577						_	Φ	
Roof						Roofing	g Mat	erial			3200 SF				
Basement and Craw				Pipe Ins	sulat	ion/Elbow			50 LF						
	-		5												
		Г	7	П											
Name of Registered Wa	aste Hauler			N	JDEP \	Vaste	Cub	ic Yards of	Name	of Regis	stered Landfill				
Service Transport				F	lauler II		Was	7.00	Min	erva E	nterprises				
City, State					0142		Disp	osal Date	City, S						
New Castle, DE							9/	18/15	Wa	ynesbu	ırg, OH	- 19			
Completed By (Print or	Type)	Title						Signature	11	//	///	Date /		1.	
Nick Petrovski		Pre	side	nt				1/	lup	1/1	hun	8/0	18/	15	

ASB-41 MAY 11





Date of Notification (1)				Name	of Building	n Ow	ner/Operator (2)	1				
	15								Check #7426EP		20	15	
	ation			Street	Address								
	Type Notification Initial												
		1		City, S	State, Zip C	Code							
		•	,	Mad	dison, N.	079	940						
		Juding	,	Name	of Contac	t			Telephone Numb	er			
☐ Cancella	tion			Nar	ncy Adan	nczy	k		* *				
				FA	CILITY IN	FOF	RMATION						
Name of Facility Where Abatement is	Taking	Place	(3)	177507,680				Type of Facility	(4)				
Madison Public Library								School (K-12	2)				
Street Address									8 (Other than K-12)				
39 Keep Street								homes, etc.)	rivate and commerc	cial bu	niaing	IS,	
City (5)								Square Feet	# of Floors	В	dg. A	ae	_
Madison								40,000	1	2.000	100+		
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolish	ned)	11-0-2-11-0-11		
Morris							80	Public Libra	(i)				
Name of Monitoring Firm Hired by Buil	ding C	wner ((8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
TTI Environmental, Inc.						A	bateTech, I	nc.					
Street Address						Stre	eet Address						
1253 North Church Street						3	0 Maple Ave	e. PO Box 25					
City, State, Zip Code	y, State, Zip Code Moorestown, NJ 08057						, State, Zip Co						
Moorestown, NJ 08057					A SHOP	umberton, N							
Project Manager for Monitoring Firm		Tele	phone	No.		ephone No.		License No.					
Jim Guilardi			1		-8800	6	09-265-2107		00529				
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Nar	me of OSHA N	Ionitor					
8 /24 /15	(8	3_/	31	31 / 15) EMSL.				ical					
Occupancy Status During Abatement (Check	only	one)				eet Address					-110-5-20	
			2.5	ment		0.000	00 Route 13	0 North					
☐ Abatement Performed Outside of N	ormal	Facility	y Hour	s - Des		10413	, State, Zip Co	27 (1 5072-702) (7 1-5.1)					
Time of Abatement:AM	PN	1/	_PM-		AM		innaminson						
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf		⊠ Re	novati	on			☐ Mini-Enc	ainment with Neglosure	gative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ De	molitic	n			☐ Glovebag	g Procedure					
		- la	1		T		☐ Non-Exe	mpted (*) and No	n-Friable Procedure	_			
Location of			Locat Norma				Description of	£			atem		
	1)	Use	d Sole	ly by	Asbe	stos	Containing Ma		Amount	Remova	Repair	Enc	Enc
	33		intena todial ((i.e		rmal systems		(Specify	von	air	aps	Enclosure
(13)			(12)	J. G. T.			urfacing, VAT, ner miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre
V 3/		Yes	No	N/A				,				е	
Picture Book Room			\boxtimes	Image: control of the			facing Mater		580 SF	\boxtimes			
(2) Locations			\boxtimes		Ceiling				32 SF				
										П	П	П	П
Name of Registered Waste Hauler			N	JDEP \		Cub	oic Yards of	Name of Regis	stered Landfill				
AbateTech, Inc.			Н	auler II 18750		Wa:	ste	G.R.O.W.S					
City, State					_	Dist	osal Date	City, State					
Lumberton, NJ						8	/31/15	Tullytown,	PA				
Completed By (Print or Type)	Title						Signature		Dat	e ,1	01	1.	,-
Gwendolyn Trumbetti	0	oerati	ons (Coordi	inator		W.	MT		81	27	119	2

ASB-41 MAY 11



Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
8 /28 /	15		Arista Development SEP 1 2015									
Agencies Notified Type Notificat	ion			Street	Address							
☐ EPA ☐ Initial				520	Provider	nce Highway Su	ite 9					
☐ DOLWD ☐ Amended	. "			City, S	tate, Zip C	ode						
□ DHSS Amendme	A CONTRACTOR OF THE PARTY OF TH	alia a		Non	wood, PA	A 02062						
DCA Emergenc justificatio		uing		Name	of Contact			Telephone Num	ber			
Cancellation				Pier	re Ibanez	Z						
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is Ta	aking Pl	lace	(3)				Type of Facility (
Residential House							School (K-12		2)			
Street Address							Other (i.e., pr	3 (Other than K-12 rivate and comme	2) ercial bu	ildina	S.	
38 Hillside Ave							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Hillside							2,500	2		55+		
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
Union							Vacant Hou	se				
Name of Monitoring Firm Hired by Build	ing Owr	ner (8	8) /	ASCM	No.	Name of Abatem	ent Contractor (9)					
Health and Safety Services, Inc			200	0011	7	Superior Aba	atement Inc					
Street Address				Leading berild		Street Address						
PO Box 365						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip C	ode					
Berlin, NJ 08009						West Caldwe	ell, NJ 07006					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor			(8	56) 45	2-1311	(973) 808-161	16	00411				
Start Date (10)	chedule	ed Co	omplet	ion Da	te (11)	Name of OSHA N	Monitor					
9 / 08 / 15	9	_ /	11	_ / _	15	Superior Aba	atement Inc					
Occupancy Status During Abatement (C	heck o	nly o	ne)			Street Address						
☐ Facility Closed/Vacated During Entire	e Perio	d of A	Abater	nent		2 Henderson	Drive					
☐ Abatement Performed Outside of No					cribe	City, State, Zip C	ode					
Time of Abatement: _AMPM/		PM-	222 211	_AM		West Caldwe	ell, NJ 07006					
Scope of Work (Check all that apply)						П г.:II С.:	tainmant with No.	notive Breezvise				
≥3 sf or ≥3 If	Г	1 Rei	novati	on		☐ Full Con	tainment with Neg closure	gative Pressure				
☐ ≥160 sf or ≥260 lf			molitio			☐ Gloveba	g Procedure					
AND Y						∐ Non-Exe	empted (*) and No	n-Friable Proced				
T		4,3476	Locat Iormal			Description	- 6		Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM)		d Sole		Asbe	Description of stos Containing Ma		Amount	Re	Repair	En	Enc
TO BE ABATED			intena			., thermal systems	insulation,	(Specify	Removal	oair	заря	Enclosure
IN Facility		Cusi	odial ((12)	Starr		surfacing, VAT other miscellane		SF or LF)	'al		Encapsulate	ure
(13)	,	Yes	No	N/A	1	Other miscellane	sous)				te	
Basement Furnace Room	D	\boxtimes			Concre	te Patch Sealan	it	5 SF				
			П							П	П	
												П
	-				-				諎			H
Name of Registered Waste Hauler	L			JDEP \	Mooto	Cubic Yards of	Name of Regis	stored Landfill				
Service Transport Group, Inc			1000	auler II	O No.	Waste	GROWS N					
City, State				SW21	17	1 Disposal Date	City, State					
New Castle, DE						9/11/15	Morrisville	, PA				
Completed By (Print or Type)	Title					Signature	11.	///	Date	1		
Nick Petrovski	Pre	side	ent			1//	hille	Run	8/	28	/15	-

ASB-41 MAY 11

NOCK

Date of Notification (1)				Name	of Building	Own	er/Operator (2	2)	-				
8/28/	15			Aris	ta Develo	pme	ent		SEP		in.		
Agencies Notified Type Notifica	tion			Street	Address								
☐ EPA ☐ Initial				520	Providen	ice F	lighway Su	ite 9					
☑ DOLWD ☐ Amended			ı	City, S	tate, Zip Co	ode		70					
	- Total			Non	wood, PA	020	62						
		aing	ŀ		of Contact				Telephone Numb	er			
	8 / 28 / 15 encies Notified EPA				re Ibanez			(4					
·				FAC	ILITY INI	FOR	MATION						
Name of Facility Where Abatement is Ta	aking Pl	ace (3)					Type of Facility (4)				
Industrial Building								School (K-12)					
Street Address									(Other than K-12) ivate and commer		ildina	c	
36 Hillside Ave								homes, etc.)	vate and comme	ciai bu	liulig	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	ge	
Hillside								8,700	1		55+		
County (6)				Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Union								Vacant Mac	nine Shop				
Name of Monitoring Firm Hired by Build	ing Owr	ner (8) [ASCM	No.	Nam	ne of Abateme	ent Contractor (9)					
네 - 일하다면 그래도 그런 - 이 사람들 다른 그리면 - 이라는 점점 그래도 모든 말	10.00	7510		0011	7	S	uperior Aba	tement Inc					
Street Address				101130140150			et Address						
PO Box 365						2	Henderson	Drive					
						City	, State, Zip Co	ode					
								II, NJ 07006					
			Tele	phone l	No		phone No.	,	License No.				
				*	2-1311		73) 808-161	16	00411				
	chedule	ed Co		,		100	ne of OSHA N					-	
								atement Inc					
						Stre	et Address					-	
				ment			Henderson	Drive					
					cribe		, State, Zip Co						
Time of Abatement: _AMPM	F	PM		_AM		2.5556	[전투 이동영민([]) [1] - 14인	ell, NJ 07006					
Scope of Work (Check all that apply)													
		1.0						tainment with Neg	ative Pressure				
		Ren Dem					☐ Mini-End	g Procedure					
23 _ 100 01 01 _ 200 11		2 0011	101111	211			⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re			
			ocat						1-1	Ab	atem	ent T	уре
			orma	lly ely by	// * // * // // // // // // // // // //		Description of	3973	120000000000000000000000000000000000000	R	R	Ш	Ш
)			nce/			Containing Ma rmal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
		Custo		Staff?	(1.0		urfacing, VAT		SF or LF)	oval	=	nsd	sur
(13)	-		(12)	T	-	oth	er miscellane	eous)				late	Ф
	Y	es	No	N/A									
Storage Room, Restroom,File Ro	om				Floor Ti	iles/l	Mastic		1,000 SF				
Roof					Roofing	Ma [*]	terial		10,000 SF	\boxtimes			
						×							
Name of Registered Waste Hauler			1.000	JDEP \		1000000	ic Yards of	Name of Regis					
Service Transport Group, Inc			-	lauler II SW21			20	GROWS N	orth				
City, State							oosal Date	City, State	DA				
						9/	18/15	Morrisville	, PA				
Completed By (Print or Type)	Title	2000					Signature	1/11	D:	ate /	, , /		
Nick Petrovski	Pres	side	nt				1/hz	MINT	mi)	112	8/1	15	

NOCK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	()	ursuam t		-7 and 12:120-					
Date of Notification (1)				of Building On SON TECHNO	wner/Operator (2 DLOGIES INC.)		1	27 3
8 / 28 /15			Street	Address		SEI	j.	7 1	na.c
Agencies Notified Type Notif	ication		530 SC	OUTH AVENUE	EEAST	F F 1			210
EPA Initia	al Notification		City, S	tate, Zip Code					
DEP X Ame	ended Notificati	on #1			JERSEY 07016				
X DOL Can	cellation								
X DOH On I	Hold		Name	of Contact		Telephone Nur	nber		
DCA EME	ERGENCY N		RICHA	RD SMITH		1			
		FAC	ILITY INFOR	RMATION		1		-	
Name of Facility Where Abatement is	Taking Place	(3)			Type of Facility	(4)			
					School (K-				
ERICSSON LABS					Subchapte	er 8 (Other than I	K-12)		
						private & commo		s., ho	omes, ef
Street Address					Square Feet	# of Floors		Bldg.	Age
1 ERICSSON DRIVE				7/	70,000	- 2		44	1
100 C 54 C 4 C 5 C 5 C 5 C 5 C 5 C 5 C 5 C	nty (6)		County	/ Code (7)		or if being demo	lished)	
	DLESEX		(STATE	USE ONLY)	COMMERCIAL	OFFICE			
Name of Monitoring Firm Hired by B	uilding Owner	(8)		ASCM No.	Name of Abate				
ENVIRONMENTAL TACTICS INC.				17	PAR ENVIRONI	MENTAL CORP	DRATI	ION	
Street Address					Street Address				
64 BROAD STREET					313 SPOOK RC				
City, State, Zip Code	I NEW IEDO	->/ 077 47	FE		City, State, Zip (
	N, NEW JERSE				SUFFERN, NEV				
Project Manager for Monitoring Firm THOMAS GEIGER		elephone			Telephone Num		ense N	lumbe	er
		32-290-22			845-369-7500	460			
Expected Start Date (10) 8 / 31 / /15			tion Date (11	District Control	Name of OSHA				
Month Day Year	Month	10 /	30/ Day	15 Year	QUALITY ENVI	RONWENTAL			
Occupancy Status During Abatement (0	Check only one)	/	, , ,	Street Address				
Facility Closed/Vacated Dur			tement		1376 ROUTE 9	W			
Abatement Performed Outs			ours - Describ	e:					
X Other - Describe MONDAY	-FRIDAY 7F	PM-3AM	#		City, State, Zip (
5 (111) (6) 1 111 1 1 1 1			_			NGERS FALLS,		2590	
Scope of Work (Check all that apply) Demolition	V		-		ainment with Neg	gative Pressure			
X >3SF OR LF	X Renova	tion	×	Mini-Enclo					
>160 SF OR			r		le Procedure				
Location of	ls I o	cation	De	escription of As		T	Aba	tomo	nt Type
Asbestos-containing	0.000	lly used		ntaining Materia		Amount			7
Material (ACM)	N. C. P. C. P. C.	ly by		ie. Thermal sys		(Specify	REMOVAL	REPAIR	ENCLOSURE
TO BE ABATED	Maint/C	ustodial	inst	ulation, surfacir	ng, VAT,	SF or LF)	9	A	5
in Facility (13)		f (12)	. or	other miscella	neous)		1		SUI
	Yes No	o N/A							H H
BLDG.#1 S.E. 2ND FL ELEVATOR HA	LLWAY	X	PIPE FITTIN	GS		1 LF	X		
BLDG.#3 MER 1ST FLOOR		X	PIPE FITTIN	GS		2 LF	X		
							1		
	-+-	+					+	+	
							+-	\vdash	
							+	+	
	-+-	+					+	+	
Name of Basis			0 11 11		I.o.				
Name of Registered Waste Hauler GLOBAL WASTE	NJDEP NJDEP	0.000	Cubic Yards		Name of Registe				
GLODAL WASTE	Hauler II	D No. 147		8	GRAND CENTE	MAL SANITARY	LANDI	TILL	
City, State			Disposal Date	Δ	City, State				
HACKETTOWN, NEW JERSEY			08/31/15-10/3		PEN ARGYL, P.	A			
Completed by (Print or Type)	Title			ignature //	X	Date	e(//	1.0	110
BENJAMIN SANCHEZ	DIRECTOR O	FOPER		1X	X		8/	28	115

NOEK

Date of Notification (1)							wner/Operator (2 DLOGIES INC.)	-	Tika	
8 / 20 /15				Stroc	et Addre	200	The Company of the Co	SE	-	-	17.
Agencies Notified Type Noti	fication					ess I AVENUE	E EAST	X te		-	.110
	al Notific	otion		0.0000000000000000000000000000000000000	0.0000000000000000000000000000000000000	Zip Code					
	ended Not						ERSEY 07016		2 4		
	cellation	modion		Orive	141 0111	J, IVE 11 0	1211021 07010				
	Hold			Nam	e of Co	ntact		Telephone Nur	nber		
DCA EMI	ERGENCY	/ N		RICH	HARD S	MITH					
			FAC	ILITY INFO	DRMAT	ION					
Name of Facility Where Abatement i	s Taking	Place (3	3)				Type of Facility	(4)			Co. Williams
							School (K-	12)			
ERICSSON LABS								er 8 (Other than I			
								private & commo			
Street Address							Square Feet	# of Floors	E	3ldg. /	5 5 7 6 5
1 ERICSSON DRIVE							70,000	2		44	
	inty (6)				nty Coc	35 53	Current Use (Pri	2778	lished)		
The state of the s	DLESEX			(STATE			COMMERCIAL		(0)		
Name of Monitoring Firm Hired by B	uilding O	wner (8	5)		AS	CM No.	Name of Abater		100	ONI	
ENVIRONMENTAL TACTICS INC.			-			17	PAR ENVIRON	MENTAL CORPO	JRATI	ON	
Street Address 64 BROAD STREET							Street Address 313 SPOOK RO	CK BOAD			
City, State, Zip Code							City, State, Zip (
MATAWA	N NEW I	FRSEY	07747				SUFFERN, NEV				
Project Manager for Monitoring Firm	14, 142 77 0			Number			Telephone Num		nse N	ımhe	r
THOMAS GEIGER			290-22				845-369-7500	460		umbe	5
Expected Start Date (10)	Isc	10.757555	- C C C C C C C C C C	tion Date (1	11)		Name of OSHA				
8 / 31 / /15	100) /	30/	,	15	QUALITY ENVIR				
Month Day Year		Month	2000	Day		Year	30/12/17/21/11	.0,			
Occupancy Status During Abatement (Check on	ly one)					Street Address				
Facility Closed/Vacated Du							1376 ROUTE 9	W			
Abatement Performed Outs			cility H	ours - Desc	ribe:						
X Other - Describe MONDAY	-FRIDAY						City, State, Zip C		NIV +0	500	
Scope of Work (Check all that apply)						Eull Cont	ainment with Neg	NGERS FALLS,		590	
Demolition	X Re	enovatio	n			Mini-Enclo		jative Fressure			
X >3SF OR LF	<u></u>	J.10 Valle	50.0				Procedure				
>160 SF OR							le Procedure				
Location of		Is Loca	tion	1	Descrip	otion of As	bestos-		Aba	emer	nt Type
Asbestos-containing	n	ormally	used			ng Materia		Amount		묘	
Material (ACM)		solely				hermal sys		(Specify	EMOVAL	REPAIR	NCLOSURE
TO BE ÁBATED	M	aint/Cus				n, surfacir		SF or LF)	18	Ē	SO
in Facility (13)	1/-	Staff (or othe	er miscella	neous)		15		H
(es No	N/A						+	-	П
BLDG.#1 S.E. 2ND FL ELEVATOR HA	ALLWAY		X	PIPE FITT	INGS			1 LF	X		
BLDG.#3 MER 1ST FLOOR			X	PIPE FITT	INGS			2 LF	X		
		+									
			1						+	\vdash	
8 -1		-	-						+-	\vdash	
				E in a second	1000						
-	-	+	-						1	+	-
Name of Desistand Marks 11		IDER III	1	Out:- V	da - £ 14'	a a t c	Mana - C				
Name of Registered Waste Hauler GLOBAL WASTE		JDEP W auler ID		Cubic Yard		asie	Name of Registe		IVID	1111	
GLODAL WAS IE	lus lus	2214	PL POPULE CO		8		GRAND CENT	TAL SANITARY	LANUI	ILL	
City, State		2214	,	Disposal D	ate		City_State/		5 H		
HACKETTOWN, NEW JERSEY				08/31/15-1		5	FER MAL P	A	8.0		247
Completed by (Print or Type)	Title			20.011101	Signat			Dat	0	/.	1 -
BENJAMIN SANCHEZ		OR OF	OPER	ATIONS			1150	Jul	8/	20	110



Date of Notification (1) 8/27/15					Building C boro Inv			(2)			SEP	7			
	T NI ME					estor	s, LLC				31E1	<u> </u>			
Agencies Notified EPA	Type Notification X Initial		1 3	Street Ad 4396 L	J.S. Rou	te 13	0								
EPA DEP DOL	Amended Amendment	#			te, Zip Cod boro, NJ		16								
X DOH	Emergency justification)	(including		Name of	Contact					-		1			
DOH DCA	Cancellation			Alex D	eSimone	9									
AL	AL	DI (0)		FACIL	LITY INFO	RMAT	ION	_							
Name of Facility Where 4402 Rte. 130	Abatement is Takin	g Place (3)						prompt .	of Facility (4)						
Street Address									School (K-12) Subchapter 8		r than K-	-12)			
4402 Rte. 130								Be a l	Other (i.e. privitc.)	vate &	comme	rcial bui	ldings	, hom	es,
City (5) Willingboro								Square 5,000		# of 1	Floors	- 1	Bldg. 50	Age	
County (6) Burlington				County C	Code (7) USE ONLY)	5			nt Use (Prior mercial	if bein	g demol	ished)	- 1		
Name of Monitoring Firm Batta Environmenta				ASCM	No.		100000000000000000000000000000000000000		ement Contr			ny Inc			
Street Address	al Associates, II	IC.						Addres	Environme	illai (Оппра	iny inc			
6 Garfield Way								Haws .							
City, State, Zip Code Newark, DE 19713									p Code , PA 1940	1					
Project Manager for Mor Todd Zeisloft	nitoring Firm			Telephor	ne No. 37-3376		100	one No 239-99			License				0
Start Date (10)		Scheduled					Name	of OSH	A Monitor						
9/11/15		9/30/15							Environme	ntal (Compa	ny Inc			
Occupancy Status Durin	Fig. 12		92					Addres Haws	2						.
Facility Closed/Vac Abatement Perform Other – Describe:				atement City,					p Code	820					
Scope of Work (Check A	II That Apply)						Norri	stown	i, PA 1940	11					
≥3 sf or ≥3 lf	лі тпас Арріу)	X Re	nova	tion			×] Full	Containmen	nt with	Negative	Press	ire		
≥160 sf or ≥260 lf		Management .	moliti					Min	i-Enclosure vebag Proce		rioganiv	511000	410		
	· · · · · · · · · · · · · · · · · · ·								n-Exempted (Non-Fri	iable Pr	ocedu	re	
	8	10000	ocati											emen ype	t
Location		Used	ormal Sole		Ashsat		escription		(A CAA)	۸	ma unt		T '	T	
Asbestos-Containing TO BE AB			tenar	nce/		therma	ntaining M al systems	s insula		(S	mount pecify	Re	D D	Enc	Ē
In Faci (13)		Cusio	(12)	naii:			acing, VA miscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
,,		Yes	No	N/A								<u>a</u>	¬	late	Ire
1st flo	oor		Χ				floor tile	9		24	10SF	X			
=															
Name of Registered Wa			823	JDEP Wauler ID		Cubi of Wa	c Yards aste	-2	Name of R	20040		ifill			
Robinson Waste Dis		7304		2			Grows La	W.5055655776	II						
City, State Voorhees, NJ							Disposal Date 9/30/15			n, PA					
Completed by		Title		76004			Signature			_		Date	_		
James M. Kelly		Vice F	/ice President									8/27/	5		

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-157

(Pursuant to NJAC 8:60-7 and 12:120-7)

	*						*** EMERG	SENC	Y ***		Check	# /369				_
Date of Notification (1) Name of Building Owner/Operator (2)											SEP	1 20	15			
0 18 1/12 17	1/115		000		ord BO		,									
Agencies Notified	Type Notificat	ion	Stre	et Addre	ss	_					-					
☐ EPA ☐ DEP	X Initial		-		dison A	vei	nue								-	
X DOL	Amendr	ment	- 50	, State, Z New Mil	ford, N	J C	7646									
X DOH			Nan	ne of Con	tact						Telephon	e Numbe				
☐ DCA	Cancella Cancella	ation	_!	Michael	Sawicz	Z_							-	- 0.4	_	
					FAC	CIL	ITY INFORMA	ATION								
Name of facility wh	here abatement i	s taking	place	(3)						Тур	e of Facility (
David E Owe	ns Middle Scl	nool (N	ION	SUB-8)						=	i (K - 12) apter 8 (C	ther t	nan K	-12)	
Street Address												(Private/C /Homes, e		rcial		
470 Marion A	venue									Squ		# of Floor		BI	dg. Ag	ge
City (5)		C	ounty	(6)					nty Code (7)							
New Milford,	NJ 07646	E	Berg	en				(Sta	te use only)	1 3 3 5 5 5	rrent Use (P hool (non		g dem	olishe	∌d)	
Name of Monitorin		Bldg. Ov	vner	(8)		T	ASCM No.		Name of Abatement	Contra	actor (9)					
EnviroVision	Consultants				=		0079		B & G Restora	tion, I	nc.					
Street Address	araw Road, Bu	ilding	35E						Street Address 105 Ryerson I	Road						
City, State, Zip Cod		alluling	30L			_		-	City, State, Zip Code							
Fair Lawn, N	NJ 07410								Lincoln Park,	NJ 0	7035					
Fair Lawn, NJ 07410 Project Manager for Monitoring Firm					one Num				Telephone Number (973)696-686	30		License		er		
Willie Morale	es				3-636-9		32342033		Name of OSHA Mor				378			
Scheduled Start Da	ate (10)	Sch	ned. (Completio	on Date (1	11)			B & G Restora		nc.					
08/28/2015		0	8/29	/2015					Street Address						-	
Occupancy Status									105 Ryerson F	Road			ii.			
	d/vacated during erformed outside								City, State, Zip Code							
Describe: Other-Descri	be:							-	LincolnPark, N	IJ 070	35				192	
Scope of Work (ch	neck all that apply	y)													+1	
☐ Demolition	X	Renova	ation					□ F	ull Containment w/ne	gative	pressure	Glove	oag pr	ocedi	ıre	
$\square > 3 \text{ sf or } > 3 \text{ lf}$	X	≥160 sf	or <u>≥</u> 2	160 If					fini-enclosure		[■ Non-f	iable	oroce	dure	
Location of					used sole	ly				T			R	R	Е	E
asbestos-cor material to be		staff(1		ance/cust	odiai				sbestos-containing		Amount (Specify S	SF or	m	р	n	n
abated in fac	5)	Yes		No	N/A		material (ACIVI)			LF)	, 01	O V	a	a p	L
					50000000	+	0 - 111 111 -			-	100.05		e	r	P .	1
Boys & Girls Lo	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	-	X Ceiling tiles X Stored Ceiling						las /diamasal ONI	V .	480 SF 1,440 SF		X	H	H	ዙ
Boys & Girls Lo	cker Room		╬		^	#	Stored Cell	ing ti	les (disposal ON	-11-	1,440 01		H	금	H	片
			#			╬				_		-	Ħ	Ħ	Ħ	厅
			#			#							盲			百
Registered Waste F		N.		Hauler I	D# (Cu	bic Yards of V	Vaste	Name of Registere							
B & G Restorat	tion, Inc.		19	563	Dies	<u> </u>	20		The state of the s	Resc	ource & Re	ecovery	Cent	er	-	
City, State Lincoln Park, N	NJ				Disposal 0		31/2015		City, State Tullytown,	PA		97			<u>t</u>	
Completed by (Prin Gordana Luna		Title Secre	tary	/Treasu	ırer		Signature		Gordana Luna			Date 08/2	7/201	5		

State of NJ Notification of Asheston Abstance

S'& G Restoration, Inc. 19563 20 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Disposal Date City, State Tullytown, PA	8 & G proj. #: 2015-1	57	(Purs	Jant to NJAC	8:00-7	and 12:120-7)	Cheo	k#7369	24		
OST / 2 / 7 / / 1 5	Date of Notification (1)	1 I No	ione of Building C	THE RESERVE TO THE PERSON NAMED IN			(44.	- /	-	
Dep Dit Amendment AUS 2 / 2015 Downstreet Dow			Yew Milford B		(2)		T			<u> </u>	
Dob		Str	eet Address		-		\$ (1)			-	
Month Mark Millford, NJ 07646 Michael Sawlicz Michael Sawl	E Initi						AU	ا کا ن سمالہ	2015		-
Michael Sawicz Mich	_ _						4	WI	V		
Name of facility where abatement is taking place (3) David E Owens Middle School (NON SUB-8) Street Address Street Address 470 Martion Average City (6) New Millford, NJ 07845 Bergen County Code (7) (State use only) County Code (7) County C		ellation	V	A7		1	Talepho	ne Numbe		7	,
Name of facility where shalement is taking place (3) David E Owens Middle School (NON SUB-8) Steed Address 470 Martion Averture Chy (6) New Milford, NJ 07846 Bergen ASOM No. O079 Name of Mantioning First Horse by Siles, Owner (6) EnviroVision Consultyants Dover (Notes and Steel Lewin, NJ 07846) Bergen ASOM No. O079 Name of Mantioning First Horse by Siles, Owner (6) EnviroVision Consultyants Dover Agories 20-21 Wageraw Road, Building 35E Occupancy Status During Abstract (Chock only one) Will the Morrieles Scheduled Start Data (10) OB/23/2015 Scheduled Start Data (10) OB/23/2015 Scheduled Start Data (10) DB/23/2015 DB/23/2					MATION					=	
David E Owens Middle School (NON SUB-8) Street Address 470 Marion Averture Grand Marion Averture CIN (6) COunty Code (7) Clay (6) Nam Milford, NJ 17846 Bergen Name of Maniboting Frim Mines by Blog. Owner (5) Enviro/Usion Consultants ASCIN No. COVER State (18) Enviro/Usion Consultants ASCIN No. COVER State (18) COVER STA	Name of facility where abateme	nt is taking plac		ABILITY INFOR	WALL TO M		Tura of Fadily	7/15			
Charle (Newset Commercial Edges Ahomes, etc.) County Code (7) Claste use only) County Code (7) Claste use only) County Code (7) Claste use only) Current Use (Prior it being demokshed) Square Feet F of Floors Bidg. Age Claste use only) Current Use (Prior it being demokshed) School (non sub 8) County Code (7) Claste use only) Current Use (Prior it being demokshed) School (non sub 8) Contractor (9) Current Use (Prior it being demokshed) County Code (7) Claste use only) Claste use only Claste use	i.	5.6.9	3.5			× 11	Sahg	of (K - 12)			
County (6) Name of Monitoring Pirm Hired by Stag. Owner (8) Name of Monitoring Pirm Hired by Stag. Owner (8) Shoot (10 (non sub 8) Sh				· · · · · · · · · ·		•	Other Bidge	(Private/C: /Homes, a	ommer le.	an K-12 Dal	D)
Name of Manitoring Firm Hired by Siles. Owner (5) EnviroVision Consultants Surget Addiess 20-21 Wagarraw Road, Building 35E 1059, Stelo. 2p Gad Fair Lawn, NJ 07410 Prosed Manager for Manitoring Firm Willie Morales Schodured Sister Data (10) 08/28/2015 08/28/2015 08/28/2015 California Line (10) Coupeage Status During Abatement (Once tonly one) Facility closed/vacated during entire period of enhirment. Observation Observation Observation California Line (Check all Inel apply) Demotion Enabled of or 250 if Line Control Park, NJ 07035 California Line (Check all Inel apply) Demotion Enabled of or 250 if Line Control Park, NJ 07035 California Line (Check all Inel apply) Demotion Enabled of or 250 if Line Control Park, NJ 07035 California Line (Check all Inel apply) Demotion Enabled of or 250 if Line Control Ind. Street Address California Line (Check all Inel apply) Demotion Enabled of or 250 if Line Control Ind. Street Address California Line (Check all Inel apply) Description of asbestion-containing material to be applied in habitory (13) Full Control Ind. Street Address California Line (Check all Inel apply) Description of asbestion-containing material to be applied in habitory (13) Full Control Ind. Street Address California Line (Check all Inel apply) Description of asbestion-containing material to be applied in habitory (13) Full Control Ind. Street Address California Line (Check all Inel apply) Description of asbestion-containing material to be applied in habitory (13) Full Control Ind. Street Address California Line (Check all Inel apply) Description of asbestion-containing material to be applied in habitory (13) Full Control Ind. Street Address California Line (Check all Inel applied Inel Addre	City (6)	County	(0)		County	Code (7)	Square Feet	# of Floor	2	Bidg.	Age
Name of Abastement Contractor (5) B & G Restoration, Inc.	New Milford, NJ 07846	Berg	en		1 100 miles (100 miles)		Current Lies (F	rior If being	demo	lished)	=
B & G Restoration, Inc.	Name of Monitoring Firm Hirad :	y Bldg. Owner	(8)	ASCM No.	IN	ame of Abstement Co	ontractor (9)	(SUD 8)	-	-	
Street Addiess 20-21 Wagaraw Road Building 35E 20-21 Wagaraw Road Building 35E 105 Ryerson Road 279, State, 219 Code Fair Lawn, NJ 07410 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-9145 773-836-8589 773-836-9145 773-836-8589 773-836-9145 773-836-8589 773-836-8599 773-836-8589 773-836-8599 7		15	20	0079	. 1						53
City, State, Zip Code Fair Lawn, NJ 07410 Project Manager for Mentering Firm Willie Morajes Scheduled Start Date (10) 08/28/2015 O8/28/2015 O8/28/28/2015 O8/28/2015 O8/28/28/2015 O8/28/2015 O8/28/2015 O8/28/2015 O8/28/28/28/28/28/28/28/28/28/28/28/28/28		Rulldlag 350			S	rest Address					
Foliar Lewin, NJ 07415 Froject Message for Mentening Firm Willie Morales Scheduled Start Date (10) O8/28/2015 Ceupency Status During Absternant (check only one) Facility closed/vacated during entire period of etablament. Absternant performed outside of normal facility hours- Describe: Other-Describe: Competion E Renovation Is location of sebator-containing material to be absted in facility (13) Page 18	City, State, Zip Code	Bullaing 35E					30				
Willie Morales 973-836-9145 Scheduled Start Date (10) 08/28/2015 Cocupancy Status During Abatement (Oneck only one) Facility closed/sected during entire period of abatement. Abatemant performed outside of normal (actility hours) Scope of Work (check all that apply) Demostion Full Conteinment w/negative pressure Lecation of sessible procedure Lecation of sessible proced							07035				
Scheduled Start Date (10) 08/28/2015 Cecupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of shatement.		m	100000000000000000000000000000000000000							r	
Street Address 105 Ryerson Road 105 Ryerson R	Scheduled Start Date (10)	School C	completion Date	(11)					-		
Description of abbatton normality used solely by maintenance/custodial etail(12) Yes No N/A	08/28/2015	08/29/	2015				i, Inc.				
Aplatement performed outside of normal (acility hours—Describe: City, State, Zip Code Describe: City, State, Zip Code Describe: City, State, Zip Code Describe: City, State, Zip Code LincolnPark, NJ 07035 City State, Zip Code LincolnPark, NJ 07035 LincolnPark, NJ 07035 City State, Zip Code LincolnPark, NJ 07035							d				\$11
DemoRtion Renovation Full Conteinment w/negative pressure Glovebag precedure	Absternant performed outsig	g entire period to of normal (ac	of abstement. Piky hours-		1 / -						<u> </u>
Demoition Renovation Full Containment winegative pressure Glovebag precedure	Other-Describe:				-11	LincolnPark, NJ 0	7035				
Secretary Secr			-		_ 11 -						-
Location of sebestors-containing material to be abated in facility (13) Boys & Girls Locker Room Ceiling tiles Ceiling tiles Colling tiles (disposal ONLY) 1,440 SF Colling tiles Colling tiles (disposal ONLY) Tullytown Resource & Recovery Center City, State City, State Completed by (Print or Type)							ve preseure	Gloveba	g prec	equipo	
sebestos-conteining material to be absted in facility (13) Boys & Girls Locker Room Celling tiles Stored Celling tiles (disposal ONLY) 1,440 SF Disposal Date City, State Tullytown Resource & Recovery Center Completed by (Pint or Type) Gordans Lung Completed by (Pint or Type) Tile Secretary Transpared Date					☐ Mini-	enclosure	Ē	Non-fd	ble pro	cedure	Ĺ
material to be absted in facility (13) Yes No N/A Boys & Girls Locker Room Boys & Girls Locker Room Boys & Girls Locker Room Régistered Waste Hauter S & G Restoration, Inc. Disposal Date Completed by (Print or Type) Completed by (Print or Type) Title Gordana Luna Cestription of assestos-containing materials (ACM) To a a c c c c c c c c c c c c c c c c c		by maintener	ormelly used sole					.	RIF	3 1 77	E
Boys & Giris Locker Room X Ceiling tiles 480 SF X	material to be			meterial (on of asber (ACM)	stos-containing	(Specify S	779 =		0	n
Stored Celling tiles (disposal ONLY) 1,440 SF Registered Waste Hauter S & G Restoration, Inc. Oity, State Lincoin Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Secretary/Transpage Date Date		Yes	No NA		M = 51		LF)		0 1	B	L
Stored Celling tiles (disposal ONLY) 1,440 SF Registered Waste Hauser B & G Restoration, Inc. City, State Lincoln Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Transpage Date Date			X	Ceiling tile	15		480 SF		XIII		+
S & G Restoration, Inc. 19563 20 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Transpage Secretary/Transpage Secretary/Transpage Date	Boys & Girls Locker Room		X	Stared Cell	ing tiles	(disposal ONLY)				THE	
S & G Restoration, Inc. 19563 20 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Transpage Secretary/Transpage Secretary/Transpage Date									JL		
S & G Restoration, Inc. 19563 20 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Gordana Luna Secretary/Transpage Secretary/Transpage Secretary/Transpage Date				-					716		
City, State Lincoln Park, NJ Completed by (Print or Type) Gordans Luna Secretary/Transpage Signature Disposal Date City, State Tullytown, PA Date			touter Day 63	Applic Yards of V	VESTO Na	Tullytown Res	dall	OVER C			
Completed by (Print or Type) Title Signature Date	City, State Lincoln Park, NJ			Date	Ci	ty. State	ARIOR OF US	-overy CI	enier		_
	Completed by (Print or Type) Gordana Luna	Title Secretary/T	reasurer	Signature	9		-		015		

CHECK# 2224

Date of Notification (1)	Name of Duilding	0	(0)				#8
8/20/15	Name of Building	Owner / Operato	or (2)	off.	4.4.0		
Agencies Notified Type Notification	Street Address	Volu	· r c r p cort	VIT.	~ C Z		
☐ DEP ☐ Initial	City Chata 9 71-	2 - 1		\$55	2015		7
DOL Amended	City, State & Zip	Jode					
□ DOH □ Emergency	Name of Contact	- 7		IT	elephone	Numb	her
DCA Cancellation	Charle	s Salva	Finit	1.	Cicpiloni	INUITE	Jei
	FACILITY INF						
Name of Facility Where Abatement is Taking Pla	ce (3)	Type of Facil					
Street Address	Dida	School (
AV STATE)	Subchar	oter 8 (Other than	K-12)			
6201 At lartic Hue		Square Feet	e. private & comm # of Floors		dg. Age	s, etc.)	
City (5) At lartic Ave County (6)	County Code (7)	10,000					
Ventnor Atlantic		-	(Prior if being dem	nolished)	70	m	
111111111111111111111111111111111111111	(0)			,			
Name of Monitoring Firm Hired by Building Owne	r (8) ASCM No		tement Contractor				
Street Address		Street Addres	Network Resolu	itions Contr	acting,	LLC	
6201 Atlantic Ave	<u>-</u>	PO Box 70,	874 Piney Holle	ow Road			
City, State & Zip Code	8=11.2	City State &	Zip Code				
Project Manager for Monitoring Firm	0 + 4 0 b			1.1			
r reject manager for Monitoring Fifth	elephone Number	Telephone No. 609-567-067		License Nu			
Scheduled Start Date (10) Scheduled Comp	pletion Date (11)	Name of OSH		012	00		
2127/13 10/15/1	5	EMSL Anal					
Occupancy Status During Abatement (Check bnly	one)	Street Addres					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal		200 Route 1					
Describe:	Hours – /am to 3pm	City, State &					
Facility Occupied During Abatement		Cinnamins	on NJ 08077				
Scope of Work (Check all that apply)	***						
≥3 sf or ≥3 lf				nment with Ne	gative Pr	essure	9
25 \$1 01 25 11 21 ≥160 sf ≥260 lf	Renovation Demolition		✓ Mini-Enclos✓ Glove Bag	1970 P. 1970			
	Demonition			Procedures oted and Non-I	Esiabla D		
Location of	Is Location	Description		Amount	Abate		
	Normally Used	Asbestos-Conf	taining	(Specify	Abate	TICIL I	ype
Material (ACM) TO BE ABATED	Solely by Maintenance or	Material (AC		SF or LF)	. 교	Enc	田田
	Custodial Staff?	(i.e., thermal sy insulation, surfac			Remova	ncapsul	Enclsoure
(13)	(12) 'es No N/A	or other miscella			val	Encapsulate	oure
Flr file + Martin [il Ren	0 .		. 197		-
+100 of 100 at 710		e Ken	oval 1	000151		++	H
					ㅐㅏ	HH	H
						iiii	H
Name of Desistant IVI at IV		_					
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Register	ed Landfill			
Bull Waste & Recycling, LLC	riduici ib ivo.	or waste	Salem County	Landfill			
City, State		Disposal Date	City, State				
Berlin, NJ			Alloway Towns	ship, NJ			
Completed By (Print or Type)	Title	Signature	////		Date	1	
Theodore S. Budzynski	Pres/CEO	//	1		8/20	110	0
		$\overline{}$			010,	110	

CHECK # <u>∂∂∂∂</u>

Date of Notification (1)	Name of Building		r (2)		7	
Agencies Notified Type Notification	As ar c.	0		SET.		
EPA Type Notification	Street Address	51,1	5+			
The state of the s	City, State & Zip C	ode	0			
☐ DEP ☐ Initial ☐ Amended	Perth	Am bon	NJ			
□ DOH □ Emergency □ DCA □ Cancellation	Name of Contact	7		Te	elephone Nur	nber
☐ DCA ☐ Cancellation						
Name of Facility Where Abatement is Taking Place	FACILITY INF	Type of Facili	4 (4)			
BILL	8705	School (F				
Street Address 1160 State	St		ter 8 (Other than	K-12)		
- 1			e. private & comr		s, homes, etc	:.)
Perth		Square Feet	# of Floor	s Blo	dg. Age	
	ounty Code (7)	30,00	6 2		70	
Perth Ambon			Prior if being der	molished)		
Name of Monitoring Firm Hired by Building Owner (8	ASCM No.		rant	(0)		
Traine of Monitoring 1 mm 1 mea by Building Owner (8	ASCIVINO.	. The state of the	lement Contracto		acting IIC	
Street Address	<u> </u>	Street Addres		idilono oonii	aoung, LLO	
			874 Piney Hol	low Road		
City, State & Zip Code		City, State & 2				
Project Manager for Monitoring Firm Tele	phone Number	Winslow, N. Telephone Nu		License Nu	ımbor	
Total and the state of the stat	phone Number	609-567-067		612		
Scheduled Start Date (10) Scheduled Complete	ion Date (11)	Name of OSH	IA Monitor			
9515 1113513		EMSL Analy				
Occupancy Status During Abatement (Check only or Facility Closed/Vacated During Entire Period	1e) Lof Abatement	Street Addres 200 Route 1				
Abatement Performed Outside of Normal He		City, State & 2				
Describe:	vani to opini	Cinnaminso	5			
Facility Occupied During Abatement						
Scope of Work (Check all that apply)						
☐ ≥3 sf or ≥3 lf	Renovation			ainment with Ne	gative Pressi	ıre
≥160 sf ≥260 lf	Demolition		<u></u>	g Procedures		
				npted and Non-	Friable Proce	dure
	Location	Description		Amount	Abatemen	t Type
	rmally Used Solely by	Asbestos-Cont Material (AC		(Specify SF or LF)		m
TO BE ABATED Ma	ntenance or	(i.e., thermal sy	stems	SI GILLY	Rer	Enc
in Facility	(12)	nsulation, surfac			Repair	Enclsoure
(13) Yes	No N/A	or other miscella	aneous)		<u>n</u>	re
Transite Booling	D & Tr	unstlo,	Panula	10,000	MO	
()				10,001		
floor tiles	1 2 B1	ark a	1x9 til	w 1.000		
	++++-					
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards	Name of Regist	ered Landfill		
		of Waste				
Bull Waste & Recycling, LLC			Salem County	y Landfill		
City, State		Disposal Date	City, State			
Berlin, NJ	7.0	<u> </u>	Alloway Town	**************************************		
Completed By (Print or Type) Theodore S. Budzynski	Title Pres/CEO	Signature			Date	
occoro o. Buuzyiiski	I I ESTOLO	- //	1/		8/25/13	5

88/27/2015 14:33

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PD Box 369

Trenton, NJ 08626-0369

Telephone: 609-826-4850

Fux: 605-626-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS W

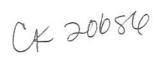
Must be submitted 10 days prior to the beginning of work. Disease lype of point legible

		-		Samuel Control of the Property of	in 55 % Sec. 21	halabrate	CERTIFICATION (1-10)
		ICHTEIG	A ICH INICREAT				in a straight of the straight
Date of Notification: 8	8 / 27 / 2	015					
M Initial			Emergency (must in	ndude justification)			
Type of Work: Demoits		1.00	- , ,				
			MERNICE TO SE		P. dilina beengagiil azatilgashka Jaffa dijalliya asand Niki	The series	
Name of Building Owner/Ope				n University			
Street Address: 201 Mulli	ca Hill Road	City:	Glassboro	Siate:	MJ	Zip:	08028
Name of Contact Robert	Yufer			Telephone No.:	_		
	The state of the s	Sanday Com	LITTUREORALMO				
Name of Facility Where Worl	k Activity is to Take Pir	ace:	Re	wen University -	Bole Ha	11	
Describe Facility Use:			Schoo				4H-7H4H-77 (1
Street Address: Whitney		CITY:	Glassboro	State: _	NJ	Zlp: _	08028
County Name: Glouceste		9 62 8	County Code (State Use Only): _			
Scheduled Stan Date: 6	/ 27 / 21	015	Scheduled Co	impletion Date:	8 (29	/ 2015
Occupancy Status During							
Facility Closed/Vacated I	During Entire Activity						
Activity Performed Outside	de Normal Facility Hou	ra—Des	cribe: work to be	performed in v	scant ar	eas of	building
Other—Describe:		le :				- W.W	
Scope of Work (check all t							
⊠ Floor Tile	Square Footeg	je;	40 SF	Percentage	Asbestos	:	%
Mastic	Square Footag	ge:	40 8F	Percentage			
☐ Transite	Square Fooling	ge:		Percentage	Aubestos		%
Roofing	Square Footag	No.		Percentage	Asbestos	:	%
☐ Siding	Square Footing	ge:		Percentage	Anhantos	:	%
Other:	Square Footag	gm:			Acheelos	:	
			the second second second second second second second	Percentage	, (0200,00		%
			NOTON NESRIE	Parcentage			
	Shade Environ	INICO VICE PROPERTY.		Telephone No.		68-7 5	% 5-00 09
Company Name:		menta	I, LLC	Telephone No			% 5-0099
Company Name: Street Address: B23 Cutl	er Avenue	Clly:	Naple Shade	Telephone No	MJ R	Zip:	% 5-0009 08052
Company Name:	er Avenue	Clly:	Naple Shade	Telephone No	MJ R	Zip:	% 5-0009 08052
Company Name: Street Address: B23 Cut! New Jersey Asbestos Licen Monitoring Firm (II applicable	er Avenue	Clly:	Naple Shade	Telephone No	MJ R	Zip:	% 5-0009 08052
Company Name: Street Address: B23 Cutl New Jersey Asbestoe Licen Monitoring Firm (II applicabl	er Avenue se Number (if applicable):	City:	Naple Shade 00842 ental, Inc.	Telephone No State:	MJ R	Zip: 56-84	% 5-0009 08052
Company Name: Street Address: B23 Cutl New Jersey Asbestos Licen Monitoring Firm (Il applicabl	ler Avenue use Number (if applicab	City:	Maple Shade 00842 ental, Inc.	Telephone No State:	8 NJ	Zip:	% 5-0099 08052 0-8800



Check# 1461

Date of Notification (1))			Name o	of Buildin	g Owner	/Operator	(2)		0.0	<u> </u>	1 / 3	0 1	
8/28/15	20			50 Ki	nickerb	ocker L	LC			0.5				
Agencies Notified	Type Notificatio	n			Address									
EPA	× Initial			50 Kr	nickerbo	ocker F	₹d							
DEP X DOL	Amended	- CONT	1		tate, Zip C									
	Amendme Emergence	nt # y (including	- [Tena	fly, NJ (07670								
DOH DCA	justification Cancellation	1)		Name o	of Contact	t			Te	lephone N	umbe	г		
Name of Facility Where	Abotomont in Tale	DI (0)		FAC	ILITY INF	ORMAT	ION							
Residential House	a Abatement is Tak	ing Place (3))					Type of Facility	(4)					
Street Address	-							School (K-	12)					
50 Knickerbocker	Pd							Subchapte	r 8 (Oth	er than K-	12)		-	
City (5)	710							Other (i.e. etc.)	private	& commer	cial bl	illding	s, hor	nes,
Tenafly								Square Feet	# 0	f Floors		Bldg.	Age	
County (6)								2500	3			50+		
Bergen					Code (7) USE ONL	n		Current Use (Pr		ng demoli:	shed)			
Name of Monitoring Fin	m Hirad by Buildin	0 (0)				' —		Residential I						
n/a	in miled by Building	Owner (8)		ASCN	ИNo.			of Abatement Co						
Street Address				n/a			Lozn	ica Managem	ent Co	orp				
n/a							200000000000000000000000000000000000000	Address						
City, State, Zip Code								roy Lane						
n/a							375357	ate, Zip Code						
Project Manager for Mo	-iti Fi						Linco	oln Park NJ 07	7035					
n/a	miloring Firm		Telephor	ne No.			one No.		License I	Vo.				
Start Date (10)		Cohodulad		n/a				067950		01193				
9/8/15		Scheduled 9/9/15	Com	ipietion L	Date (11)		TO STATE OF THE PARTY OF THE PA	of OSHA Monitor						
Occupancy Status Durin	g Abatement (Che		`					ca Managem	ent Co	rp				
Toront		8 %						Address						
Abatement Perform	ned Outside of Norr	Period of Ab nal Facility H	atem	ent				oy Lane						
Other - Describe:			iouio					ate, Zip Code						
Scope of Work (Check A	All That Apply)				545		Linco	In Park NJ 07	035					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				×	Full Containme Mini-Enclosure	ent with	Negative I	Pressu	ıre		
Ē.							H	Glovebag Proc	edure	200				
		1		. 1				Non-Exempted	(*) and	Non-Friat	ole Pro			
Location	n of		ocatio mally										emen /pe	
Asbestos-Containing	Material (ACM)	Used S			Asbest		cription o	of Iterial (ACM)	۸			Γ.		
TO BE AB, In Facil		Maint Custod	enand lial St	aff?	(i.e.	thermal:	systems	insulation.		ount ecify	Z	-	Encapsulate	Щ
(13)	i.y		12)			surfac	ing, VAT	, or	SF	or LF)	Remova	Repair	aps	Enclosure
		Yes 1	N _a	NI/A		outer in	nacenarie	ous)			val	₩	ulat	sure
	27.7. 4 .0	165 1	No	N/A									е	
Basem	ent			X		Pipe I	nsulatio	on -	120) LF	<			
1											-			
Name of Registered Was	te Hauler		Nu	DEP Wa	esto. T	Culting	/d-							
Loznica Managemer			1 42 ATT STATE	uler ID N	17001070	Cubic Y of Wast		Name of R						
	тобр		00	33137		TBD	ď.	GROWS	S Land	lfill				
City, State						Disposa	al Date	City, State						
Lincoln Park, NJ 07035					TBD			Morrisvi		19067				
Completed by E. Cirovic		Title	Signature					Da	te					
L. GITOVIC		Secreta	ary	y E. Cirovi				vie		8/	28/1	5		



Date of Notification (1) 8/27/2015			of Building Ow SING AUTH		(2) F PLAINFIEL	D	SE	Ŧ			
Agencies Notified Type Notification X EPA X Initial		Street A	Address AST FRON	IT STREE	т						
DEP Amended Amendment			ate, Zip Code NFIELD, NJ	07060	-						
□ Emergency (including		of Contact CHANG		*	Te	lephone Nu	mber			
N		FACI	ILITY INFORM	MATION							
Name of Facility Where Abatement is Taking ELMWOOD GARDENS, BLDGS A	, Place (3) , B, C, D				Type of Facility School (K	-12)				Al Care	
Street Address 532 WEST SECOND STREET					Subchapte Other (i.e. etc.)	er 8 (Oth private	er than K-1 & commerc	2) ial bui	ldings	, hom	ies,
City (5) PLAINFIELD					Square Feet	# 0	f Floors	E	Bldg. /	Age	
County (6) UNION			Code (7) USE ONLY) _		Current Use (P	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C SKY ENVIRONMENTAL SERVICE	Owner (8) S, INC.	ASCN	M No.		of Abatement Co			IG. IN	۰ ۱C.		
Street Address 140 BOULEVARD				Street	Address REELAND A\						
City, State, Zip Code MT. LAKES, NJ 07046				City, S	tate, Zip Code OWA, NJ 075						
Project Manager for Monitoring Firm LEONID SHERESHEVSKY		Telepho	ne No. 38-4821	Teleph	one No. 956-8700		License N	lo.			
	Scheduled Co 10/31/2015	mpletion l		Name	of OSHA Monito IE AS (9) AB(00434			9	
Occupancy Status During Abatement (Check					Address	J V L		_			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: VACANT	eriod of Abate	ement irs			tate, Zip Code						
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demo			×	Glovebag Pro	re ocedure	ā			0	
	Is Loca	ation			2 Non-Exempte	Ju () an	u IVOIT-I Hat	16 110		ement	t
Location of	Norm Used So		69	Description	of			-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainten Custodial (12	ance/ Staff?	(i.e. ther	Containing M rmal systems urfacing, VA ner miscellan	T, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	105 110	100					3				
Name of Registered Waste Hauler		NIDED W	nata I o	ship V	1.0	Г					
TWO BROTHERS CONTRACTING		NJDEP W Hauler ID 18743	No. of	ubic Yards Waste 450			red Landfill NAGEME		R.C	.W.S	3.
City, State TOTOWA, NJ			Di	sposal Date	City, Sta MORF		.E, PA				
Completed by VIVECA RAMOS	Title PROJEC	T COOR	RDINATOR	Signature	reen	in	Da	te 27/20)15		

ELMWOOD GARDENS, BLDGS A, B, C, D 532 WEST SECOND STREET PLAINFIELD, NJ 07060

BUILDING AREA	ACM	ESTIMATED QTY	ABATEMENT METHOD
Exterior Façade	Window Caulk	12,375 LF	Non-Friable
Roof over 4 Bldgs	Roofing & Flashing/Mastic	41,000 SF	Non-Friable
Concrete Vault below grade	5		
connecting buildings	Tar/mastic on top of vault	300 SF	Non-Friable
	Transite telephone phone conduit (3.5"		
Below Grade connecting buildings	diameter)	160 LF	Non-Friable
Throughout all buildings in 1st & 2nd			
FL apts only	TSI Pipe & Pipe Joint Insulation	6,000 LF	Wrap & Cut
Bathrooms of 119 apt. units	9" blue & red Floor Tile only	25-30 SF each = 3,000 SF	Limited Enclosure
Building B, Apt. 2A (Entire)	Black mastic under 6" square wood tiles	600 SF	Limited Enclosure
Building C, Apt. 2B, Kitchen	Floor Covering (all layers)	100 SF	Limited Enclosure
Building B, Apt. 3B, Kitchen	Floor Covering (all layers)	120 SF	Limited Enclosure
Building D, Apt. 2C, Kitchen	Floor Covering (all layers)	120 SF	Limited Enclosure

Check # 1458

Agencies Notification	Date of Notification (1) 8/27/15					of Building		Operator	(2)								
Second Manager for Monitoring Firm Hired by Building Owner (e) ASCM No.		Type Notification		-		A. A. C. S.	011										
DEP Amended Amended Paterson, N O 7505						워크 (14명) 14명 (14g) (14g)	treet										
DOH DOA Emergency (including Doa	- Control of the Cont				City, Sta	ate, Zip Co	ode					- 1100				-	
Same of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (Kr.12) School (Kr.	Name of the Control o	Amendment		_	10.7			ĺ.									
Name of Facility (America Absterment is Taking Place (3) Surned Houses - Imminient Street Address Str	NO DOH			ŀ				-			Tel	ephone	Numb	er			
Same of Facility Where Abstement is Taking Place (3) Surred Houses - Imminent Street Address Subdatuser 6 (Other than K-12) Other (i.e. private 8 commercial buildings, homes, 170 (Dixon Ave Unknown Unkno	DCA																
Burnet Houses - Imminent Street Address Freit Address City (6) Patssaic County (6) Passaic County (6) Passaic County (6) Passaic County (6) Passaic County (7) Passaic County (8)					FAC	ILITY INF	ORMAT	ION									
Street Address 170 Dixon Ave Subchapitar 8 (Other than K-12) Subchapitar 9 (Other than K-12) Subchapit	1000		ng Place (3)						Туре	e of Facility (4	4)						
City (5) Paterson County (6) Paterson County (7) Paterson County (8)		nminent														10	
Description County (6) Square Feet For Floors Bidg. Age Paterson County (6) Passaic County (6) County (6) Passaic														buile	dinge	hom	20
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Passaic Strate Use OkLy Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)											_ E. STO			10. 3	0+		
Name of Monitoring Firm Hired by Building Owner (8) n/a ASCM No. n/a Name of Abatement Contractor (9) Loznica Management Corp Street Address n/a City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm n/a Project Manager for Monitoring Firm Name of Register Contraining Manager for Monitoring Firm Normally Name of Register Monitoring Firm NJDEP Waste Disposal Date Normally Name of Register Monitoring Firm NJDEP Waste Disposal Date Normally Normally Name of Register Monitoring Firm NJDEP Waste Disposal Date Normally Normally Name of Register Monitoring Monito											r if bei	ing dem	olishe	d)			
n/a Loznica Management Corp Street Address n/a City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Start Date (10) August 28, 2015 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Telephone No. n/a Name of OSHA Monitor Loznica Management Corporation Street Address 1 License No. 01193 Name of OSHA Monitor Loznica Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Start Date (10) Name of OSHA Monitor Loznica Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Start Date (10) Name of OSHA Monitor Loznica Management Corporation Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Start Date (10) Name of Start Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Start Date (10) Name of Na		Hired by Building	Owner (8)		TASCA	A No		Nome			traatar	· /O\		-07-24			
Street Address		Timed by building	Owner (b)			VI INO.		1000									
City, State, Zip Code	A CONTRACTOR OF THE PARTY OF TH			_	11/4) III O	orp			_		
City, State, Zip Code In/a City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm In/a In/a Incelphone No. Inc	n/a																
Disposal Date	City, State, Zip Code						1	100					_				
N/a	n/a										035						
Start Date (10) August 28, 2015 Scheduled Completion Date (11) August 28, 2015 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Status DumpSTER + WETTING MATERIAL Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Page 10 Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Page 10 Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Page 10 Page	Project Manager for Moni	itoring Firm		T	Telepho	ne No.		100000000000000000000000000000000000000				Licens	se No.				
August 28, 2015 August 30, 2015 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Lincoln Park, NJ 07035 XLINE DUMPSTER + WETTING MATERIAL Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Tipe Facility Closed/Nord (Check All That Apply) Is Location Normally Used Solely by Markenance/ Custodial Staff? (12) Yes No N/A Pentire burned structure In Facility Tipe	n/a				n/a			973-	706-	7950		0119	3				
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) Sope of Work (Check All That Apply)			_		2015			Lozn	ica M	Manageme	ent Co	orpora	tion				
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Performed Structure In Facility (13) Name of Registered Waste Hauler Rovic Transport Abatement Performed Outside of Normal Facility Hours City, State Renovation Demolition XLINE DUMPSTER + WETTING MATERIAL Full Containment with Negative Pressure Minin-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Normally Used Solely by Maintenance Countriaining Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) About Type Abatement Type Abatement Type Abatement Type About Hours H	Occupancy Status During	Abatement (Chec	k Only One)													
Cither - Describe: Lincoln Park, NJ 07035													17.				
Scope of Work (Check All That Apply) Stope of Work (Check All That Apply) Stope of Work (C			nal Facility F	lours	;												
Renovation Demolition State State								-			Miscolar Colors		70-75-00				
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Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	3+																
Maintenance/ Custodial Staff? (12) Wes No N/A (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF Repute		FFF LW - Proposition Land and the				Aches				I (ACM)	Δ	mount					
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Name of Registered Waste Hauler Rovic Transport City, State Riverdale, NJ Completed by NJDEP Waste Hauler ID No. Cubic Yards of Waste TBD Cubic Yards of Waste TBD Ciby State City, State TBD City, State TBD Morrisville, PA 19067 Date	entire burned	structure			X	Т	o be d	isposed	d of a	as		TBD		Х	1		
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Rovic Transport City, State Riverdale, NJ Completed by Hauler ID No. of Waste TBD GROWS Landfill City, State Disposal Date TBD Morrisville, PA 19067 Signature Date																	
Rovic Transport TBD GROWS Landfill City, State Riverdale, NJ City, State TBD Morrisville, PA 19067 Completed by Title Signature Date	Name of Registered Wast	lame of Registered Waste Hauler								Name of R	Registe	red Lan	dfill				
City, State Riverdale, NJ Completed by City, State TBD Morrisville, PA 19067 Signature Disposal Date TBD Morrisville, PA 19067	Rovic Transport			H	auler ID	No.		ste		GROWS	S Lar	ndfill					
Riverdale, NJ Completed by Title TBD Morrisville, PA 19067 Signature Date	City, State						110000000000000000000000000000000000000	sal Date	_	City, State						-	-
Completed by Title Signature Date							100000000000000000000000000000000000000			100 100 100 100 100 100 100 100 100 100		A 190	67				
E. Cirovic Secretary E. Gravia 8/27/15	Completed by		Title														
	E. Cirovic		Secret	ary			18	E. Cir	w	i			8/2	7/15	5		



Check# 1460

Date of Notification (1) 8/27/15				of Building		/Operato	or (2)		- 11	ŞE			20	ib.	
Agencies Notified Type Not	ification			Address	iaiii										
				Knoll Rd											
EPA X Initia	il :nded			ate, Zip C											
X DOL Ame	ndment #	11.0		Hiawath											
DOH justit	rgency (including ication) cellation			of Contact					Tel	ephone l	Numbe	er			
			FAC	ILITY INF	ORMA	TION								-	-15-17-5
Name of Facility Where Abatement	is Taking Place (3)	1			OT CHILD'S		Туре	of Facility (4)				-		
Residential House							П	School (K-12	2)				53		
Street Address								Subchapter 8	(Oth	er than k	(-12)				
325 Knoll Rd							×	Other (i.e. pr etc.)	ivate 8	& comme	ercial b	uild	ings.	hom	ies,
City (5)							-	re Feet	# of	Floors		BI	dg. A	\ae	
Lake Hiawatha							200	0	2				0+	5	
County (6)				Code (7)	2		Curre	ent Use (Prior	if bein	ng demo	lished	1			
Passaic		(-	SIAIE	USE ONLY)		Res	sidential Ho	ouse						
Name of Monitoring Firm Hired by B	uilding Owner (8)	3.5	ASCN	√ No.		Name	of Aba	tement Cont	ractor	(9)					
n/a			n/a			Lozr	nica N	Manageme	nt Co	orp					
Street Address							Addre								
							roy L								
City, State, Zip Code								ip Code	S-0000						
			elepho					ark NJ 070	35						
n/a	ect Manager for Monitoring Firm						none N			License					
Start Date (10)	Cabadulad		n/a	D 1 1111		19860 1970	70679			01193	3				
9/7/15	Scheduled 9/8/15	Comp	oletion i	Date (11)		1		HA Monitor lanagemer	at Co	rn					
Occupancy Status During Abatemen)					Addres	277.0	IL CO	ıp					
Facility Closed/Vacated During			int				roy La								
Abatement Performed Outside	of Normal Facility F	dours	111					p Code							
Other – Describe:								ark NJ 070	35						
Scope of Work (Check All That Apply	/)											_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PERSONNE	novatio molitio				×	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted (dure						
	le I	ocation	,				1101	, Exempted () and	NOIT-I II	able r			ment	
Location of	No	rmally			Do	scription	of.						Ту		
Asbestos-Containing Material (AC		Solely tenanc			tos Con	taining M	laterial		An	nount		T		m	
TO BE ABATED In Facility	Custod		0.77	(i.e.		systems		tion,		pecify	70		Z.	Encapsulate	Enclosure
(13)		(12)				niscellan			SF	or LF)	Kemova		Repair	psu	losı
	Yes	No	N/A								<u>a</u>		7	late	ıre
Ground Floor Living Roor	n	-			0	x9 VAT			4 = (0.05	+	+	-		-
		-	-		3	X3 VAI			150	0 SF	-	+			_
						20	-				_	1			
Name of Registered Waste Hauler		NI IF	DED W		0.11										
DE PERO PROPERTO NA MANAGO		1000	DEP Waller ID I		of Wa	Yards ste		Name of Re			fill				
Loznica Management Corp		003	33137		TBD			GROWS	Lanc	dfill					
City, State						sal Date		City, State	100 m 104						
Lincoln Park, NJ 07035	1 =				TBD			Morrisvill	e PA	19067					
Completed by E. Cirovic	Title				1.0	ignature					Date				
E. Onovio	Secret	ary			3	E. Cir	nore				8/27/	15			

CHECK # 1255

SEP

Date of Notification (1) 8/27/2015					of Building	g Owner/o awicki	Operator	r (2)		46.	- (4.10)				
Agencies Notified	Type Notification	l.		Street /	Address p Ct.										
EPA DEP DOL	Initial Amended Amendmen	t#		City, St	ate, Zip C	Code NJ 0765	6								
DOH DCA	Emergency justification Cancellation			Name o	of Contac Stawicki	t				Tel	enhone Ni	ımhar			
	E Carrochation			10-10-10-10-10-10-10-10-10-10-10-10-10-1		FORMAT	ION								
Name of Facility Where	Abatement is Takir	ng Place (3)	1710	121111111	ORMAT	IOIY	Туре	of Facility (4)					
Private Residence								П	School (K-1	2)					
Street Address 4 Tulip Ct.								×	Subchapter Other (i.e. p	8 (Oth			ldings	, hom	nes,
City (5) Park Ridge								Squa 1.90	etc.) are Feet	# 0	f Floors		Bldg. 50+	Age	
County (6)				County	Code (7)				ent Use (Pri	1,55	na demolis	100	, 00		
Bergen		=		(STATE	USE ONL							nou)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				atement Cor Contracting						
Street Address							Street 205 F		ss e 46, Suite	e 7A					
City, State, Zip Code									Zip Code				- 54 7750		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N	lo.		License N	lo.			
Start Date (10)			mpletion	Date (11))		of OSI	HA Monitor		01232					
9/5/2015		9/6/20					74-25110000000		on Consu	Itants	Inc.				
Occupancy Status During							Street 20-21		_{ss} garaw Rd	- Bld	a 35E				
Facility Closed/Vaca Abatement Performe Other – Describe: N	ed Outside of Norn	nal Facility					City, St	tate, Z	ip Code		9.00				
A CONTRACTOR OF THE CONTRACTOR							Fair L	Lawn	, NJ 0741	10			-		
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	т тпас Арргу)		Renova Demoli				×××	Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				9	
		1-					-	1 110	II-Exempted	() and	I NOIPI Hab	1	-	emeni	-
Location	of		Locat Norma			Doc	scription	of					Ty	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	Material (ACM) TED	Mai Cust	d Sole intena odial ((12)	nce/ Staff?		stos Conta thermal surfac	aining M	laterial insula T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			i .					_		(b)	
Attic				X		Ver	rmiculit	te		40) SF	X			
					11										
Name of Registered Wast				IJDEP W lauler ID		Cubic `of Was			Name of R						
Unicorn Contracting (Corp.		100	035844		1			G.R.O.V	V.S., I	nc.				
City, State Totowa, New Jersey						Dispos TBD	al Date	1	City, State Morrisvil		nasylvar	iia			
Completed by		Title	MI (No)			Si	gnature	11	1/	. /	Da				
Dimo Golcev		Proje	ct Ma	nager			H	40	VY C	1	/ 8/2	27/20	15		
ASB-41 (R-06-08)							* Do not	t use th	nis form for a	asbesto	s licensure	exem	pted	activit	ies.



Date of Notification (1) 8/27/15					Building (perator	(2)			SEP	9, 7	Uib		
Agencies Notified	Type Notification			Street A							CET				- 18
ĭ EPA	× Initial				vard Te					1-1-1-1		_			
X EPA X DEP X DOL	Amended Amendment	#			ite, Zip Co orange, I		152		20						
	Emergency	(including	_		Contact	10 070				Tel	ephone Nu	mber			
DOH DCA	justification) Cancellation				Ornsteir	ì				101	00110110110				
Name of Casilla 105	^	- DI (0		FACI	LITY INFO	RMAŢ	ON	-							
Name of Facility Where A	Abatement is Takin	g Place (3)						of Facility (4						
Street Address									School (K-12 Subchapter 8	(Oth					
21 Harvard Terrace									Other (i.e. pri etc.)	ivate	& commerc	ial bui	dings	, home	es,
City (5)								Squar	e Feet	11/20/20/20	f Floors		3ldg.	Age	
West Orange County (6)				County (Code (7)			N/A	nt Use (Prior	N/A			N/A		
Essex					JSE ONLY)			Hous		ii bei	rig derrions	illeu)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				tement Cont		(9)		-		
N/A									ement, Inc). 					
Street Address								Addres	s gren Aven	ue					
City, State, Zip Code				*	N				p Code J 07512						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Telepi	hone No 345868	D.		License I					
Start Date (10)		Schedule	ed Cor	npletion I	Date (11)				A Monitor		#00010	10.			_
9/10/15		9/11/15			,		D&S	Abate	ement, Inc	: .					
Occupancy Status During	g Abatement (Chec	k Only On	e)					Addres	s gren Aven						
Facility Closed/Vaci	ated During Entire ed Outside of Norr	Period of A	Abater	nent				State, Zi		ue					
Other - Describe:	Occupied	nai i donity	11001			_	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		J 07512						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf		_	enova	7.5			3		Containme	nt with	n Negative	Pressi	ıre		
≥160 sf or ≥260 lf			emoli	lion				Glo	i-Enclosure vebag Proce						
		Τ.						_l Nor	n-Exempted	(*) an	d Non-Fria	ble Pro		re emen	f
Location	of.	l N	Locat Vorma	lly		Do	scription	n of						уре	
Asbestos-Containing	Material (ACM)		d Sole			tos Con	taining N	Material			mount	_		m	
TO BE AB			odial (12)		(i.e.		cing, VA	T, or	ition,		Specify or LF)	Remova	Repair	псар	Enclosure
(13)			(12)			other r	niscella	neous)				oval	air	Encapsulate	sure
		Yes	No	N/A			881 105						_	(D	
basem			X				insula			_	21 LF	X			
crawl sp	ace		X		,	pipe	inusla	ition		2	24 LF	X			
												_		_	
Name of Registered Was	ste Hauler	T N	JDEP W	/aste	Cubic	Yards		Name of R	onist-	ared Lands	11	_			
D&S Abatement, Inc		H	lauler ID		of Wa			Waste N							
City, State			#	20996		TBD	sal Date		City, State		J =				
Totowa, NJ						TBD	sai Dale	,	Tullytow		A				
Completed by		Title				5	Signatur	é	DA.			ate	_		
Deanna Brkusanin		Proje	ct Ma	anager			V //	Melle	a filler	ele	_ 8	/27/1	5		



Date of Notification (1) 8/27/15	III. W			Name of Ginny	Building (Leiz	Owner/C	perator	(2)			SEP		191E			
	Type Notification X Initial		1.0	Street Ac 836 Bc	ddress oulevard											
X EPA X DEP X DOL	Amended Amendment				te, Zip Co eld, NJ (11	1					
⊠ DOH □ DCA	Emergency (justification) Cancellation	including	100	Name of Ginny	Contact Leiz					Tele	enhone Ni	ımher				
	22 V		- 1	FACI	LITY INFO	RMATI	ON									
Name of Facility Where Ab House	patement is Taking	g Place (3)						posteri	of Facility (4 School (K-12							
Street Address 836 Boulevard			100	1.0				×	Subchapter 8 Other (i.e. pr etc.)				ildin	gs, h	nome	s,
City (5) Westfield				8		3			e Feet	# of N/A	Floors		Bldg N/A	~ ~	je	
County (6) Union				County (Code (7) USE ONLY)			Curre	nt Üse (Prio se	r if bei	ng demoli	shed)				2
Name of Monitoring Firm H N/A	Hired by Building (Owner (8)		ASCN	l No.				tement Cont		(9)			,		
Street Address							37,50,757,7	Addres	is gren Aven	ue		******				
City, State, Zip Code						City, S	state, Zi	p Code J 07512								
Project Manager for Monito	oring Firm		Telephor	ne No.		Teleph	none No 345868	o		License #00675						
Start Date (10) 9/08/15		Schedule 9/09/15		npletion l	Date (11)		Name	of OSH	IA Monitor ement, Inc		#0007					
Occupancy Status During	Abatement (Chec							Addres		<i>-</i>						
☐ Facility Closed/Vacate			83	nent					ren Aven	ue						
Abatement Performed Other – Describe: Oct	d Outside of Norm					_			p Code J 07512			-				
Scope of Work (Check All	That Apply)							,				-				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min	Containme i-Enclosure vebag Proc n-Exempted	edure				lure		
		le	Locati	on					LXCIIIPIOG	() (1)	3 11011 1 110	10.0	105200		ment	
Location of	of	N	ormal	ly		De	scription	of						Тур	e	
Asbestos-Containing N <u>TO BE ABA</u> In Facility (13)	TED	Mai Cust	d Sole ntena odial S (12)	nce/ Staff?		tos Con thermal surfa	taining N system cing, VA miscellar	Material s insula T, or		(8	mount Specify For LF)	Kemoval	i sopon	Donair	Encapsulate	Enclosure
		Yes	No	N/A									-	4		
basemer	nt		X			pipe	insula	tion		1:	50 LF	X		4		
												_		_		
Name of Registered Waste D&S Abatement, Inc.	e Hauler		H	IJDEP W lauler ID 20996		of Wa	Yards ste		Name of F Waste N	-						
City, State Totowa, NJ						Dispo TBD	sal Date	7	City, State Tullytow		4		2			
Completed by Deanna Brkusanin		Title Project	ct Ma	anager		S	Signatur	lau	ua Blu	will	- I	Date 3/27/	15			

mo 215 18624324

Date of Notification (1) 8/13/15			33		Building O		perator	(2)		SEP	1	2015			7	
Agencies Notified	Type Notification		5	Street Ad	•		N10									
	Initial Amended Amendment		F	City, State Plainfie	e, Zip Cod Id, NJ 07	e										
DOH DCA	justification) Cancellation			Name of Dave B						lele	ephone N	ilmue	r			
Name of Facility Where	Abatament is Taking	Place (3)	_	FACIL	ITY INFO	RMATI	ON	Type	of Facility (4)							
House	Abatement is raking	Flace (5)						_	School (K-12)	40						
Street Address 1101 Watchung Av	enue enue							N C	Subchapter 8 Other (i.e. pri etc.)				uildi	ngs, l	nome	s,
City (5) Plainfield									e Feet	# of N/A	Floors		Blo N/	dg. Ag A	je	
County (6) Union				County C	ode (7) SE ONLY)			Curre	nt Use (Prior se	if bei	ng demol	ished)			
Name of Monitoring Firm	m Hired by Building (Owner (8)		ASCM	No.				tement Contr		(9)					
Street Address							100000000000000000000000000000000000000	Addres	ss gren Avent	Ie.						
City, State, Zip Code							City, S	State, Zi	ip Code J 07512							
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Telep	hone No	0.		License					
Start Date (10) 9/09/15		Scheduled 9/11/15	Com	npletion [Date (11)		Name	of OSH	HA Monitor ement, Inc							
Occupancy Status Durin	ng Abatement (Chec						Street	Addres	SS						Street	
	cated During Entire F						E884 800		gren Aven	ue						
X Other – Describe:	Occupied Occupied	iai i aoiity i i	Ours			_			IJ 07512		+					
Scope of Work (Check	All That Apply)	П	nova	41			Г	7 5	II Containme	mt vuith	. Nogátiv	o Dro	COLIF	0		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nolit					Mir Glo	ni-Enclosure ovebag Proce n-Exempted	edure	(05)2				a	
		Is Lo	ocati	ion					II Exempted	() ()	1401111			Abate	ment	
Locatio		No Used	rmal Sole		Ashost		scriptio		I (ACM)	,	Amount	+		iy	pe _	
Asbestos-Containin TO BE At In Fac (13	BATED cility		dial 9 (12)	Staff?		therma surfa	I system scing, V miscella	ns insula AT, or	ation,	(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		5008-871	No X	N/A		due	t insula	otion			10 SF		ζ.			
crawl s	pace	-	^	-		duc	LIIISUI	alion		5)	10 5	- 1	7			
-																
Name of Registered Wa	aste Hauler		37	JDEP.W		Cubic of Wa	Yards		Name of F							
D&S Abatement, In	IC.		50%	20996	INO.	TBD		==	Waste N		gemen	t of F	PA			
City, State Totowa, NJ						TBD		3	City, State Tullytow		A					
Completed by Deanna Brkusanin	2	Title Projec	t Ma	anager			Signátú /		IDI RU	lua		Date 8/13		5		

CK 000 466

Date of Notification (1) 08-26-15			- 1		Building C			(2)								
Agencies Notified	Type Notification			Street Ad		OIILIO	1			- 3						
			1		orest Av	e.										
EPA DEP	Initial Amended		_		te, Zip Coo								- Callana			-
DOL	Amendment		- 1		anover I		936									
□ DOH	Emergency justification)		-	Name of	Contact					Tele	ephone N	lumb	ег			
DOH DCA	Cancellation			Tom B	andelt					1						
_				FACI	LITY INFO	RMAT	ION									
Name of Facility Where	Abatement is Takin	g Place (3)						Туре	of Facility (4	4)						
Private Residence									School (K-1							
Street Address									Subchapter Other (i.e. p				huild	inas	home	2
77 Louis St.								_	etc.)							,
City (5)								Squa	re Feet	# 01	Floors		BI	dg. A	ge	
Little Falls										<u></u>						
County (6) Passaic				County C	Code (7) ISE ONLY)			Curre	ent Use (Prid	or if bei	ng demo	lished	1)			
. 4004.0	- I ff J b. D. Haller	O (0)		ASCM	35		Mana	-f A h -	itement Con		(0)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	I NO.		200.00000000000		tracting L		(9)					
Street Address							100000000000000000000000000000000000000	Addre	•							
ouest Address							100000000000000000000000000000000000000	7th St								
City, State, Zip Code			_				City, S	State, Z	ip Code						3777531	
, , , , , , , , , , , , , , , , , , , ,									NJ 0708	7						
Project Manager for Mon	nitoring Firm		T	Telephor	ne No.		Telep	hone N	0.		License	e No.		-		
							201	216-9	603		01206	ò				
Start Date (10)		Scheduled	Con	npletion [Date (11)				HA Monitor							
09-07-15		09-08-1	5						tracting L	LC						
Occupancy Status Durin	ng Abatement (Che	k Only One)					Addre								
Facility Closed/Vac								7th St								
Abatement Perform Other – Describe:		nal Facility H	lours	3					ip Code	7						
							Unio	on City	/ NJ 0708	57						
Scope of Work (Check A	All I nat Apply)						Г	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit						II Containme		n Negativ	e Pre	ssur	e		
		- De	HOII	1011				Glo	ovebag Prod	cedure						
			-			-	L	Ľ No	n-Exempted	d (*) an	d Non-Fr	riable				
		19995	ocati	E											ement pe	
Locatio		Used	rmal Sole		A = h = = =		escription		LACM	^	mount	t		Ė		
Asbestos-Containing TO BE AB		Main	tena	nce/			ntaining l al system				mount Specify		æ	71	Enc	En
In Fac	ility	Custo	dial 8 (12)	Staff?	λ	surf	acing, V	AT, or		SI	or LF)		Remova	Repair	aps	Enclosure
(13)	1			т		other	miscella	ineous)					val	Ť	Encapsulate	ure
		Yes	No	N/A											w	
Exter	ior		X				Siding	3		16	50 SF	2	ζ.			
		+										1	-			
		+		-								+	-			
Name of Devisters of Mr.	ata Haula-		1 6	JDEP W	lasto	Cub	c Yards		Name of	Pagiet	arad I an	dfill				
Name of Registered Wa			100	lauler ID		of W								.n. F	ocili	h.,
Delfa Contracting L	LU		3	5240		10			Tullyto	WII KE	source	rte(JUVE	aly r	aCIII	ıy
City, State	_	T.					osal Date	е	City, Stat							
Union City NJ 0708	7					09-0)9-15		Tullyto	wn, P	4					
Completed by		Title					Signatur	re	1			Date		15		
Jaime Delgado		Proj. N	nana	ager.				1	9			08-	20-	10		



Date of Notification (1)		Т	Name of	Building C)wner/C	perator	(2)		_	-SEP -		1		
08-26-15				ella Dem										
Agencies Notified Type Notification	on	1	Street Ad						-					
☐ EPA			100000000000000000000000000000000000000	orest Av										
DEP Amended				te, Zip Coo										
DOL Amendme	ent #2 cy (including			anover I	NJ 079	936								
DOH justification	n)			Contact					Tel	ephone Nu	umber			
DCA Cancellat	on		Tom B				32000							
Name of Facility Where Abatement is Ta	king Place (3)		FACI	LITY INFO	RMATI	ON	Tv	pe of Facility (4)					
Private Residence	king Flace (5)	0.					1 9							
Street Address							H	School (K-1 Subchapter		er than K-	12)			
2 Louis St.							-	Other (i.e. p				dings,	home	es,
City (5)							So	etc.) juare Feet	1#0	f Floors	I P	lidg. A	ne .	
Little Falls							00	juare i cot	# 0	11 10013	"	nag. /	ge	
County (6)		-	County C	Code (7)			Cı	ırrent Use (Prid	or if bei	na demolis	shed)			
Passaic				JSE ONLY)						•	Total Control of the			
Name of Monitoring Firm Hired by Buildir	ng Owner (8)		ASCM	No.		Name	of A	Abatement Cor	tractor	(9)				
N/A						Delfa	a C	ontracting L	LC.					
Street Address						Street	Add	dress						
						522	7th	St.						
City, State, Zip Code					******	1000000		, Zip Code						
						Unio	n C	ity NJ 0708	7					
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi				License	No.			
								5-9603		01206				
Start Date (10)	Schedule		pletion [Date (11)				OSHA Monitor						
09-04-15	09-05-1							ontracting L	LC					
Occupancy Status During Abatement (Cl	neck Only On	e)				Street 522								
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of A	baten	ent			The state of the s	3104577							
Other – Describe:	ormal Facility	nours	i 					e, Zip Code City NJ 0708	7					
Scope of Work (Check All That Apply)						Offic) i C	71ty 140 070C						
			(1)			Г	7	5II O		. No a settina	D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit						Full Containme Mini-Enclosure		i Negative	Pressu	ire		
								Glovebag Prod	cedure			¥.		
								Non-Exempted	d (*) an	d Non-Fria	able Pro	200	e ement	
		Locati											тре	
Location of	Lico	lormal d Sole		Ashost		scription		erial (ACM)	,	mount				
Asbestos-Containing Material (ACM) TO BE ABATED	Iviai	ntena						sulation,	150	Specify	R	7.7	Enc	Ē
In Facility	Cust	odial 9 (12)	otan?			cing, VA			S	F or LF)	Remova	Repair	apsı	Enclosure
(13)			_		otheri	niscena	neoi	us)			<u>a</u>	=	Encapsulate	ure
	Yes	No	N/A									_		- 2
Exterior		X				Siding	1		16	00 SF	X			
								20048						
		2000000												
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landi	FIII			
Delfa Contracting LLC		H	auler ID		of Wa			3-0-0-0-0-0-0-0-0-0		source l		erv F	acili	tv
		3	5240		10					Journey I	.0000	J.y I	GOIII	-3
City, State					/	sal Date	9	City, Stat		٨				
Union City NJ 07087					09-09			Tullytov	vn, P		2-4-			
Completed by	Title	Mon	2005		18	Signatur	е	A.		133	Date 08-26-	15		
Jaime Delgado	Proj.	ividila	gei.				,	17,			10-20-	10		



Date of Notification (1)			100		Building C			(2)								
08-26-15					lla Dem	Olitior	1			257		10				
Agencies Notified	Type Notification			Street Ac 40 Defe	idress orest Av	Э.										
EPA DEP	Initial Amended		(City, Stat	te, Zip Coo	le										
DOL	Amendment		-	East H	anover N	J 07	936									
DOH DCA	Emergency (justification)	including	1	Name of	Contact					Tele	enhone N	lumbe	r			
DCA	Cancellation			Tom Ba	andelt											
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where a Private Residence	Abatement is Taking	Place (3)					- 9	Туре	of Facility (4	+)						
									School (K-12 Subchapter		or than K	12\				
Street Address 154 William St.									Other (i.e. p				uild	ings,	home	s,
								_	etc.)	1 4 4	E		DI	J _ A		
City (5) Little Falls								Squa	are Feet	# 01	Floors		DI	dg. A	ge	
			- 17	County C	20do (7)			Curr	ent Use (Pric	r if hai	na demol	iched)	7	-		
County (6) Passaic					ISE ONLY)			Curre	eni Ose (Fiic	i ii bei	ng demoi	isi leu,				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				atement Con		(9)					
N/A				1					ntracting L	LC.						
Street Address							Street 522	Addre 7th S								
City, State, Zip Code			-						Zip Code							
ony, crane, zip code							Unio	n Cit	y NJ 0708	7						
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.		Telepi 201	none N 216-9			License 01206					
Start Date (10)		Scheduled	Com	noletion [Date (11)				HA Monitor		01200					
09-08-15		09-09-1	5		,				ntracting L	LC						
Occupancy Status Durin	g Abatement (Chec	k Only One)	79			Street									
	ated During Entire F							7th S					_			
Abatement Perform Other – Describe:		nal Facility I	Hours	•					Zip Code	7						
							UTIIC	III CIL	y NJ 0708	1						
Scope of Work (Check A	All That Apply)						F	٦ -			M	-	12/1/22/2	20		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	nova						ull Containme ini-Enclosure		Negative	e Pres	sur	е		
								G	lovebag Prod	edure						
								I No	on-Exempted	(*) an	a Non-Fr	lable i			ement	
80 5.00			ocati ormal												pe	
Location Asbestos-Containing	131(200	Used			Ashest		escription		al (ACM)	Δ	mount				m	
TO BE AB		Mair Custo	tenar			therma	al system	s insu		(5	Specify		D D	D	nce	Enc
In Faci		Cusic	(12)	otan:	-0.00		acing, VA miscella		,	SI	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		T	***	Lin		Outer	IIIISGGIIA	neous	'				<u>a</u>	7	ilate	ле
		Yes	No	N/A								_				
Exteri	ior		X				Siding			16	50 SF	X				
													-			
Name of Registered Wa	ste Hauler		100000	IJDEP W	The same of the sa		c Yards		Name of	Registe	ered Land	dfill				
Delfa Contracting LI	LC			lauler ID 5240	No.	of W	aste		Tullytov	vn Re	source	Rec	OVE	ery F	acili	ty
City, State	7						osal Date	9	City, Stat		Δ					
Union City NJ 0708	1	Title				U3-1	Signatur	Α.	1 dilytov	vii, 1 /	,	Date	_			
Completed by Jaime Delgado		Proj. I	/lana	ager			oignatul	1	4			08-2	6-1	15		
		1		J	11.7			110				100000000		4700		10000

	ı		CATION	ate of Nev N OF ASB to NJAC	ESTOS	ABATE			001		4)-	A	<u> </u>	
Date of Notification (1) 8/28/15				f Building vick, Inc.		Operator	(2)		LL4	SEP		29	15 15	<i></i>	
Agencies Notified Type Notification			Street A	Address											
EPA Initial Amended Amendment			City, Sta	ate, Zip Co	ode					- St					
DOH Emergency (justification)	including			f Contact	ann				Tal	onhono	Alexander	har			
DCA Cancellation				Engelma		ION						U-11-11			
Name of Facility Where Abatement is Takin house Street Address	g Place (3	3)	1710				Туре	e of Facility (2)						
14 Prospect Street							×	Subchapter Other (i.e. p etc.)					dings	hom	es,
City (5) Peapack							Squ 230	are Feet 00	# 0	f Floors		11 838	ildg. A	Age	
County (6) Somerset				Code (7) USE ONLY)		Curr	rent Use (Prid	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASC	И No.				atement Con ironmental			LC				
Street Address						Street PO E	2.1000.	ess 183, 4 E G	ate D	rive					
City, State, Zip Code								Zip Code d, NJ 074	18						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-7				Licens 703	se No).			
Start Date (10) 9/7/15	Schedule 9/30/15		pletion	Date (11)		Name	of OS	SHA Monitor							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F					ы	Street	Addre	ess							
Abatement Performed Outside of Norm Other – Describe: basement	al Facility	Hours	ent			City, S	tate, 2	Zip Code							
Scope of Work (Check All That Apply)										-					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	parameter .	Renova: Demoliti				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure					e	
	1 100	Location											Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y by ice/		tos Cont thermal surfa	scription aining M systems cing, VA niscellan	lateria s insul T, or		(S	mount specify or LF)		Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A											te	, to
basement			Х	V	ermicu	lite ins	ulatio	on	10	00 SF		х			
					5										
										=					
Name of Registered Waste Hauler Freehold Cartage		Ha	JDEP Wauler ID 1959		of Was			Name of F Western							
City, State Freehold, NJ					10.00	al Date		City, State		١					
Completed by A. Scott Higgins	Title Presi	dent			S	ignature	a				Dat 8/2	e 8/15			7,00

				OF ASB to NJAC					10	nl	1		7	5
Date of Notification (1) 8/28/15				f Building Greenbu		Operator	(2)		7,00		<u> </u>			
Agencies Notified Type Notification	ı		Street A	ddress 44 Good	dwin Te	errace								
DEP Amended X DOL Amendmer			City, Sta Newa	ate, Zip Cork, NJ	ode				-	7				0.10 24
□ Emergency □ justification □ DCA □ Cancellation)			f Contact					Tel	ephone Nu	ımber			
				ILITY INFO		ON						-		
Name of Facility Where Abatement is Tak house	ng Place (3)					Туре	of Facility (4 School (K-1)	ero					T
Street Address 142-144 Goodwin Terrace							×	Subchapter Other (i.e. pretc.)				dings	, hom	es,
City (5) Newark							Squa 210	are Feet	# o	f Floors	1999	Bldg. A	Age	
County (6) Essex				Code (7) USE ONLY			Curre	ent Use (Prio	r if bei	ing demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.				atement Con ronmental						
Street Address						Street PO E		ess 83, 4 E Ga	ate D	rive				
City, State, Zip Code	64							Zip Code d, NJ 0741	18					
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-	none N	10.		License 1	No.			
Start Date (10) 9/10/15	Schedul 9/30/1		pletion	Date (11)		Name	of OS	HA Monitor	*				77	
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: basement	Period of a mal Facility	Abatem Hours	ent			City, S	tate, Z	Zip Code						
Scope of Work (Check All That Apply)				Was			1000							-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoliti				×	Mi	II Containme ni-Enclosure ovebag Proce on-Exempted	edure					
	1000	Location						III-EXCITIPIOU	() ain	u INOII-FIIA	JIE FIO	Abate	emeni pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenar todial S (12)	ly by nce/		tos Cont thermal surfac		fateria s insula T, or	ation,	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				110.00				=		ate	6
basement			×		pipe	insula	tion		6	0 LF	х			
Name of Registered Waste Hauler		I NI	JDEP W	lasta	Cubic	Vorda		I Nome of D	!-4-					
Freehold Cartage		Ha	auler ID 959		of Was			Name of R Western	. J					
City, State Freehold, NJ					Dispos TBD	al Date		City, State Birdsbor		4				
Completed by A. Scott Higgins	Title Presi	dent			S	ignature	Ch	1		3.75	ate 28/15	;		

~ 1	
10000	110-111
(HUCH	19019

Date of Notification (1) 8/26/15					Building O Helene			(2)				1-16			
Agencies Notified	Type Notification	3	100	Street Ad	ddress er Street						-21	-	Į.		
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Cod on Lakes		07442				3				
DOH DCA	Emergency justification) Cancellation	1 (7)		Name of	Contact Helene					Tel	ephone N	ımber			
				SERVICE AND ADDRESS.	LITY INFO	RMATI	ON								
Name of Facility Where Private single famil		g Place (3)					-	of Facility (4 School (K-12						
Street Address 6 Butler Street								×	Subchapter 8 Other (i.e. pr etc.)				dings	, hom	es,
City (5) Pompton Lakes									re Feet	# 0	f Floors	255	31dg 37	Age	
County (6) Passaic					Code (7) JSE ONLY)			Curre	ent Use (Prior	r if bei	ng demoli	shed)			
Name of Monitoring Firm J & S Environment		Owner (8)		ASCN	No.				itement Cont ronmental			С			
Street Address 2333 Route 22 W								Addre Box 4	ss 83, 4 E Ga	ite D	rive				
City, State, Zip Code Union, NJ 07083									ip Code I, NJ 0741	8					
Project Manager for Mor	nitoring Firm		Telephor	ne No.		Teleph		0.		License 703	No.				
Start Date (10) 9/21/15		Schedule		npletion [Date (11)				HA Monitor						
Occupancy Status Durin	ig Ahatement (Chec						Street	Addre	22						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of a	Abatem						ip Code						
Scope of Work (Check A	All That Annly)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	ш тасгарду)	attraction of the last of the	Renova Demolit				> >	Mi	Il Containme ni-Enclosure ovebag Proce	edure				re	5
		1.00	Locati							() =			Aba	emer	it
Location Asbestos-Containing			Normal d Sole		A = b = = 4		scription		I (ACM)			100	T		П
TO BE AB In Faci (13)	ATED lity		intenar todial S (12)			thermal surfac		s insul T, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	
basem	ent			Х		floor ti	ile & m	nastic		5	80 SF	x			
basem	ent			Х		pipe	insula	tion		1	50 LF	x			
basement bo		Х		bac	king fl	ue			2 SF	x					
basement s		X		lir	noleun	1		3	0 SF	x					
Name of Registered Wa	100	JDEP W	1200	Cubic			Name of F	Registe	ered Land	fill					
Freehold Cartage City, State	1100.00	auler ID 5959	NO.	of Was			Western		ks Land	fill					
Freehold, NJ						TBD	sal Date		City, State Birdsbor						
Completed by A. Scott Higgins	ed by Title						ignature	A				Date B/ 26 /1	5		

		NO.		ATION	OF ASBESTOS A ONJAC 8:60 and	ABATEN		100	(L-)	2-1		5	_
Date of Notification (1) 8/27/15				ame of inda F	Building Owner/C Perritt	perator	(2)	SEF		75			
Agencies Notified	Type Notification			reet Ad 74 Ea	ldress st 9th Street				-				
DEP X DOL	Amended Amendmen				e, Zip Code NJ 07011								
DOH DCA	Emergency justification) Cancellation)		ame of inda F	Contact Perrit			Tele	ephone Num	nber			12
				FACIL	ITY INFORMATI	ON							
Name of Facility Where house	Abatement is Takir	ng Place (3)					Type of Facility School (K-	12)					
Street Address 174 East 9th Street	t								er than K-12 & commercia		dings,	home	es,
City (5) Clifton							Square Feet 2100	# o ⁻	f Floors	B 6	ldg. A 0	ge	
County (6) Passaic					Code (7) ISE ONLY)		Current Use (Pr	ior if bei	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		of Abatement Co Environmenta						
Street Address			*	3		100000000000000000000000000000000000000	Address Box 483, 4 E C	Sate D	rive				
City, State, Zip Code							tate, Zip Code wood, NJ 074	118					
Project Manager for Mon	nitoring Firm		Te	elephon	ne No.		none No. 764-2276		License No	0.			
Start Date (10) 9/7/15		Scheduled 9/21/15	Comp	letion D	Date (11)	Name	of OSHA Monitor						
Occupancy Status Durin	ng Abatement (Che	Tale and the same				Street	Address						
Facility Closed/Vac Abatement Perform				nt		City	tate, Zip Code						
× Other – Describe:		mar raciity ri	ours			City, S	tate, Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		novatio			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
1	f	(A)	ocation rmally	8	Do	a ariation	o.f				Abate Ty	men pe	t
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used S Maint Custod (Solely enanc	by ce/	Asbestos Con (i.e. thermal surfa		Material (ACM) s insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basem	nent			X	pipe	insula	tion	2	20 LF	x			
					1-12-0								

NJDEP Waste Hauler ID No.

15959

Title

President

Cubic Yards

Disposal Date

Signature

of Waste

10

TBD

City, State

Birdsboro, PA

Freehold Cartage

City, State

Freehold, NJ

Completed by

A. Scott Higgins

Name of Registered Waste Hauler

Date

Name of Registered Landfill

Western Berks Landfill

^{8/27/15}

State of New Jersey

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

							O.	ICON I	1	917
				ng Owne	r/Operator (2)		ED 1 117			700
[x] Initial				vay Av	/e.	©				
[] Amended		200			5-0600			7.00	63.51	
	Sec. 111 7	Name	of Conta	ct		Telephone 1	Number			
[1] Cancellatio	n ,	Anth	ony Pe	ellegrin	10	1				
				FACILI'	TY INFORMATION					
	aking Pl	ace (3))			Type of Facility (4)				
nance raid						Subchapter 8 (Oth Other (i.e. private	er than K-12) and commercial b	ouildir	nas.	
t						homes, etc.)			0 ,	
	County	v (6)		Co	unty Code (7)				е	
30			:h			Current Use (Prior if being				
irm Hired by Buildi	ng Own	er	ASCM N	0.	Name of Abatem					
I Connection,	Inc.		000		THE RESIDENCE OF THE PARTY OF T	Jupiter Environmental	Services, In	C.		
St	1					323 Changahridga Po	ad Suita 100	2		
Jt.				-			au, Suite 100	J	_	
						Pine Brook, NJ 07058	3			
							License Nu			50
								U	UO:	02_
				88	10	J & S Environmental I	_aboratories,	LL(\mathbb{C}	
ring Abatement (C ed/Vacated During	heck on Entire F	ly one eriod) of Abate	ment	Street Address	2333 Poute 22\M				
erformed Outside o	f Norma	al Faci	lity Hours	5 -	233					
	int									
(all that apply)				- dia		[1 Full Containment	-4			
260 If			[]	Renov	ation	[] Mini – Enclosur [] Glovebag Proce	e edure	ress	ure	
					Descr	ription of				ment
n of			by ce/Cus			– Containing ral (ACM)	Amount (Specify	R	RE	100
	Mair			1				E	Р	C
ontaining ACM)		ial Sta	11 (12)			mal systems	SF or LF)	M	- A -	A
ontaining ACM) <u>ATED</u> lity		ial Sta	11 (12)		insulation, s	mal systems surfacing, VAT, iscellaneous)	SF or LF)	0 V	A	P
ontaining ACM) ATED		ial Sta	N/A		insulation, s	urfacing, VAT,	SF or LF)	0	I R	S
ontaining ACM) <u>ATED</u> lity	Yes			VAT	insulation, s	urfacing, VAT,	900 SF	0 V	1	
ontaining ACM) <u>ATED</u> lity	Yes	No		VAT caulk	insulation, s	urfacing, VAT,		O V A L	1	S
containing ACM) ATED lity 1397, 1399, 1400) /aste Hauler	Yes	No x x	N/A Waste	caulk	insulation, s or other mi	eurfacing, VAT, iscellaneous) Name of Registered Landf	900 SF 30 SF	O V A L	1	S
ontaining ACM) <u>ATED</u> lity 1397, 1399, 1400)	Yes N. H.	No x x	N/A Waste	caulk Cr O	insulation, s or other mi	Name of Registered Landfill	900 SF 30 SF	O V A L	1	S
containing ACM) ATED lity 1397, 1399, 1400) /aste Hauler	Yes N. H.	No x x y JDEP vauler II	N/A Waste	caulk Ci O	insulation, s or other mi	eurfacing, VAT, iscellaneous) Name of Registered Landf	900 SF 30 SF	O V A L	1	S
	[X] Initial Notification [] Amended Notification [] emergency [] Cancellation The Abatement is Tanance Yard St. So. Monitoring Firm Sole (10) Sche Scribe: (10) Sche Corribe: partially vacated During Partially vacated During Partially vacated Buring Partial P	Type of Notification [X] Initial Notification [J] Amended Notification [] emergency [] Cancellation The Abatement is Taking Planance Yard The Abatement is Taking Planan	Type of Notification [X] Initial Notification [J] Amended Notification [J] emergency Name Anthe Tren Name Anthe City, S Tren Name Anthe County (6) Monmout County	Type of Notification [X] Initial Notification [] Amended Notification [] emergency [] Cancellation Trenton, Notification [] emergency [] Cancellation Trenton, Notification [] emergency [] Cancellation Trenton, Notification Name of Contain Anthony Peter Abatement is Taking Place (3) Trenton, Notification Name of Contain Anthony Peter Abatement is Taking Place (3) Trenton, Notification Notification Normal Flace County (6) Monmouth Telephone Number ASCM Notification Normal Flace (10) Sched. Completion Date (10) Sched. Completion Date (10) Poly Normal Facility Hours or Date (10) Tring Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one) Ed/Vacated During Entire Period of Abatement (Check only one)	Type of Notification [X] Initial Notification [A] Amended Notification [B] Amended Notification [City, State, Zip Code Trenton, NJ 0862 Name of Contact Anthony Pellegrin FACILITY Tree Abatement is Taking Place (3) Trem Hired by Building Owner ASCM No. All Connection, Inc. St. So8 Monitoring Firm Telephone Number 609-392-4200 (10) Sched. Completion Date (11) 9/18/15 Tring Abatement (Check only one) add/acated During Entire Period of Abatement enformed Outside of Normal Facility Hours— String Abatement (Check only one) add/acated During Entire Period of Abatement enformed Outside of Normal Facility Hours— Soribe: cribe: partially vacant K all that apply) [B] Renove 100 Normally Used Solely by [County (6) Normally Used Solely by [County (6) Normally Used Solely by	Street Address 1035 Parkway Ave.	Syzonto Street Address 1035 Parkway Ave.	Name of Building Owner/Operator (2) NJ DOT	Name of Building Owner/Operator (2) NJ DOT	Name of Building Owner/Operator (2) NJ DOT

State of New Jersey

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

Ch # 7914

Date of Notification (1)	8/28/15					r/Operator (2) artment of Milita	arv Affairs		T = 400 (2 0.20)	***		Cn -		11.7
Agencies Notified	Type of Notificat	ion Str	reet A	ddress		ssing Road	,		SEI	1 2010				
[] DEP [X] DOL [X] DOH	Notification [] Amended Notification	Cit		ate, Zip C encevil		J 08648			1 7		ř			
[] DCA	[] Cancellation	Na		f Contac m McE				Tele	phone Num	ber				
					FACILI	TY INFORMATION							_	
Name of Facility Where Dover Armory Street Address	e Abatement is Ta	king Plac	e (3)					chool (K	er 8 (Other ti . private and	han K-12) I commerci	al bui	ldin	gs,	
479 W. Clinton S	St.		=				Square Fe		# of Floors		Bldg. /	Age	þ	
City (5) Dover, NJ 07801		County (ounty Code (7) TATE USE ONLY)	70000 Current Us armory	se (Prior	2 if being dem		-60	1-100-		
Name of Monitoring Fir Omega Environ		ng Owner	200	SCM No	D.	Name of Abatem			nental Se	ervices,	Inc.		V	
Street Address 280 Huyler St.							323 Chan	gebrid	ge Rd., S	Suite 100	0			
City, State, Zip Code S. Hackensack,							Pine Broo	ok, NJ	07058					
Project Manager for Mo Rey Montes de (Oce	201	-489	Number 0-8700			973-575-	8700		License	Num	ber 00	85	2
Scheduled Start Date (9/8/15		0.0000000000000000000000000000000000000	0/15)		J & S En	vironm	ental Lab	oratorie	es, L	.LC	;	
[] Abatement Per Descr	d/Vacated During rformed Outside or ribe:	Entire Pe f Normal	riod o	f Abaten		City, State, Zip C								
	ribe: <u>partially vaca</u>	<u>ınt</u>					Union, N	0708	3					
Scope of Work (Check [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥26				[]	Renov	vation	[] [x] [X]	Mini – Glovel	entainment w Enclosure pag Procedu Friable Proc	ire	e Pre	essu	re	
			Locat	10000		Desc	ription of					Aba Typ		nent
Location Asbestos – Co Material (A TO BE AB) In Facil (13)	ontaining ACM) ATED	S Maint	olely !	by ce/Cus		Ashestos Mater (i.e., ther insulation, s	- Containing ial (ACM) mal systems surfacing, VA iscellaneous	Т,		Amount (Specify SF or LF))	R E M O V A	REPAIR	E E N C C A L O S U
Offices		1	X		VAT					2500 SF		X	+	0 0
Shop areas			Х		Chim	ney liners			- 2	20 SF	-	Х	-	
Name of Registered W Jupiter Environm	C	Cubic Yards of Waste 5	Minerv	a Lan	ed Landfill dfill									
City, State Pine Brook, NJ		in and a second				Disposal Date 0/29/15	City, Stat Wayne		, OH					
Completed By (Print or Pane Repic	Type)	Title Gene	eral	Mana	ger	Signature	_ (2	·.	Date 8/27	/15			

ck # 12,010

Date of Notification (1) 8/26/15					f Building (m Alloy ((2)	***	Si	P	i i	10			
Agencies Notified	Type Notification		1111	Street A	ddress hington	Δνα					<u> </u>					
EPA DEP DOL	Initial Amended Amendment		F	City, Sta	ite, Zip Co Bridge, N	de	29									
▼ DOH DCA	Emergency justification) Cancellation			Name of Mark (f Contact Gibson					Tel	enhone N	Numbe	er			
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITY INFO	RMATI	ON	Type	of Facility (4)						
Custom Alloy Corp								-	School (K-1							
Street Address 3 Washington Ave				88				×	Subchapter Other (i.e. p etc.)	8 (Oth rivate (er than K & comme	(-12) ercial b	ouild	ings,	home	es,
City (5) High Bridge		<u> </u>						Squar 10,00	e Feet 00	# o	f Floors		Bi 50	dg. A	ge	
County (6) Hunterdon					Code (7) USE ONLY)		_	Currer	nt Use (Prid strial	or if bei	ng demo	lished)		81	
Name of Monitoring Firm EHS Environmenta		Owner (8)		ASCM	l No.				ement Cor Environm			any,	nc.	Į.		
Street Address 411 Southgate Cou	ırt							Addres Haws	s Avenue		800					
City, State, Zip Code Mickleton, NJ 080	56			0	77			state, Zi istown	p Code , PA 194	01						
Project Manager for Mor Jack Carney	nitoring Firm			Telepho 856-22	ne No. 24-0080		12.5	none No 239-99			License 00398					
Start Date (10) 9/14/15		Scheduled 10/30/1		pletion	Date (11)		100000000000000000000000000000000000000		IA Monitor onmenta	l Inc.			<u> </u>			
Occupancy Status Durin	g Abatement (Che	ck Only One	2)					Addres								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Al nal Facility	oatem Hours	ent				Southo	gate Cou p Code	rt						
Other – Describe: Scope of Work (Check A	a reduced by Source					_	Mick	leton,	NJ 0805	56						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тнас дрргуу	posterior and the same of the	enova emolit				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure					٩	
			ocati		2.5					, / J	4 1101111	idole		Abate	ement	
Location Asbestos-Containing		Used	ormali Sole	ly by	Asbest		scription taining N		(ACM)	Δ	mount			1 y	ре	
TO BE AB In Faci (13)	lity	100000 765	ntenar odial S (12)			thermal surfa	system: cing, VA niscellar	s insula T, or		(5	Specify or LF)		Remova	Repair	Encapsulate	Enclosure
	1	Yes	No	N/A											ite	е
Shop	#2			X		Ro	of pane	els		12	000SF				Χ	
Name of Registered War Newark Carting	Н	JDEP W auler ID 4509		Cubic of Wa			Name of Grows			dfill						
City, State Newark, NJ				.555		2000000	sal Date		City, Stat		Δ					
Completed by	-			100000000000000000000000000000000000000	Signature		- unytot	vii, F2/		Date						
James M. Kelly		resi	dent			//	1/2				8/26		5			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

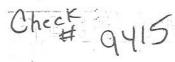
Date of Notification (1)			N	CD '11' (. 10	. (2)	<u> </u>	ie de			1 a. y	H .
August 28, 201	5		Name o	f Building (Owner/Oper Semin	ator (2) ole Construction	_	2-	76	1-	2	
	tion 1 Notification nded Notification		Street A		10.5%	artlett Avenue	O.	LI	1 2.	10		
[x] DOL Ame	ndment # gency (including		City, St	ate, Zip Coo		Creek, NJ 08092						
I A DOIL	ication) ellation		Name o	f Contact Joyce			Telephone N	umber	^=^			
	75 E	FAC	CILITY	INFORM	ATION	*			- 3-3			
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4	School (k-					
Street Address 7 E South Carolin	a Avenue				8	[x]	Other (i.e. homes, etc	., private				dings,
City	County (6)		County C (STATE	Code (7) USE ONL	7)	Square feet 1800 sf	# of Floo	ors	Bldg.		50	
LB Twp.	Ocean					Current Use (Prior Resid		olished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	lo.	Name of	Abatement Contracto	or (9) lian Contra	cting, Ir	ıc.			
Street Address					Street Ad	dress	Route 9, Ur					
City, State, Zip Code					City, Stat	e, Zip Code	River, Nev		087	55-1	271	
Project Manager for Monitoring Firm	Telephone N	Number			Telephon 732-34	e Number	Lic	ense Nur 0624		70 1	211	
Scheduled Start Date (10) 8/3 1/15	Scheduled C		on Date (1	1)		OSHA Monitor	.L. Analyti					
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	only one)		tement		Street Ad	dress	Stelton Roa					
Abatement Performed (City, Stat	e, Zip Code	Stolion Roa		-			
55 1 85 1 8010000 0 80000000000000000000							away, New	150		4		
Scope of Work (Check all that apply)					[]	Full Containmer Mini-Enclosure	nt with Negativ	ve Pressu	re			
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	[] [x]	Renovat Demolit			[]	Glovebag Proce						
[A] 2100 St 01 2200 II	[x]	Demoin	tion		[x]	Non-Exempted	*) and Non-F	riable Pro	cedure	3		
									Abater	nent '	Гуре	
Location of	Is Location Normally use				Description estos-Con		Amou	1	R	R	E	E
Asbestos-Containing Material (ACM)	Solely by				laterial (A		(Specify	v SF	E	E P	N C	N C
TO BE ABATED	Maintenance/Cus	stodial			thermal s		or LI	1)	M O	A	Α	L
in facility (13)	Staff (12)			insu	lation, sur VAT, or			1.0	v	I R	PS	O S
(13)	(12)			othe	er miscella				A	K	U	U
	YES NO	N/A							L		L E	R E
Exterior house	X		Asbes	stos sidin	g		1600 sf	-	x			
Exterior garage-peaks	X		Asbes	stos sidin	g		200 sf		X	_		
									\neg			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste 20	Hauler 1	ID No.	Cubic Yar	ds of Waste	Name of Regist	ered Landfill					
City, State Toms River, New Jersey		Dispos: 2/3/15			City, Sta		2		=12/-			
Completed by (Print or Type)	Title		Signatu	ire	- Tullyto	/ / / / /	а		Date		-	
Nicholas Fernicola	Project Manager	r	255	V	$\dot{\cup}$ -	tell		0.1	8/28/	15		

State of New Jersey

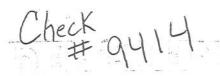
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	20 201	<u> </u>			Name of	f Building (<u> </u>	¬ /	v 1	
	August 28, 201						Semin	ole Construction	SEP .	20	1/4	(
Agencies Notified [X] EPA [] DEP		l Notific	cation		Street A			artlett Avenue	3 2			7	
[x] DOL	Ame [x] Emer	ndment rgency (#including		City, Sta	ate, Zip Coo		Creek, NJ 08092					
[x] DOH [] DCA	10000	ication) ellation			Name of	f Contact Joyce	4	Т	elephone Number				
				FAC	CILITY I	NFORM	ATION			7,63			
Name of Facility Where Ab Res	oatement is Taking idence	Place (3)				20	Type of Facility (4)	School (k-12)				
Street Address	South Main S	treet						[] [x]	Subchapter 8 (oth Other (i.e., private			ial build	lings,
City		Cour	ity (6)	1	County C	Code (7)		Square feet	homes, etc.) # of Floors	Bldg	g. Age		
Manahawkin	10	Oce	an		(STATE	USE ONLY	r)	2500 sf Current Use (Prior if	2 Theing demolished		(50	
	=======================================		500 P					Resider	nce	(); 			
Name of Monitoring Firm I N/A		Owner ((8)		ASCM N	lo.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc			
Street Address							Street Ad	ldress					
City, State, Zip Code						City, Sta	te, Zip Code	oute 9, Unit 61				-	
Project Manager for Monito	Project Manager for Monitoring Firm Telephone Nu							Toms R	License N		755-1	271	
Scheduled Start Date (10)							732-34	9-9932	00624				
8/31/15			Scheduled 9/2/1		ion Date (1	1)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacated			nd of Aha	tement		Street Ad		telton Road				
	tement Performed					,	City Sta	te, Zip Code	- Total				
[] Othe	er – Describe								way, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[]		with Negative Pres	sure			
[] >3 s	f or ≥3 lf		[]	Renova	ntion		[]	Mini-Enclosure Glovebag Procedu	ıre				
[x] ≥160) sf or ≥260 lf	ye a sawa	[x]	Demoli	ition		[x]	Non-Exempted (*) and Non-Friable	Procedu	ire		
										Abat	ement	Туре	
Location of	of		Is Locatio Normally u				Description estos-Cor		Amount	R	R	E	E
Asbestos-Containing M			Solely by	/		N	Material (A	(CM)	(Specify SF	E M	E P	N C	N C
TO BE ABA' in facility		Man	ntenance/Ci Staff	ıstodial			, thermal ılation, su		or LF)	0	A	A P	L
(13)			(12)				VAT, o	or		V	R	S	S
		YES	NO NO	N/A		oth	er miscella	aneous)		A L		U L	U R
Exterior house			X		Ashes	stos sidin	σ		2500 sf	X		E	Е
Interior	 	-	site pipe	5	·······	30 lf	X						
			r-r-										
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					ID No.	Cubic Ya	rds of Wast	Name of Registe	red Landfill	•			
City, State	City, State Disp					-	City, Sta	ate	/				
Toms River, Completed by (Print or Type		Title		2/3/1	5_Signaft	hte	Tullyt	own, Pennsylvania		Date			
Nicholas Ferr			ect Manag	er	Jighatt		1.0	tot 1	′	8/28			



Date of Notification (1)			Name o	f Building Owner	Operator (2)	1	Sin		016		-
8-29-	15		lej ju i		Ann	e 13	oardm	a)		
Agencies Notified Type Notification	*	1	Street A	iddress 17	1	1 /	1,12	A .			
□ EPA ★ Initial	1 1 Th	.	City St	ate, Zip Code	LIAC	SIA 1	WE			7.6	
DEP Amended Amendment	#		Oity, Oil	Re, ZIP COUED	um so,	\sim	NITC	7	71	0	
DOH Emergency (i justification)	including		Name, o	f Contact	111301		Telephone Nu	mbe	1 4		
DOH justification) DCA Cancellation			A	nne Bo	ardn	100	1				
			FACI	LITY INFORMAT							
Name of Facility Where Abatement is Taking	Place (3) T	1/4 1	elling	Typ	e of Facility (385				
Street Address J	114	<u></u>	/00	Cinag		School (K-1	2) 8 (Other than K-1	2)			
17 Lincoli	, /	AUE			×	Other (i.e. p	private & commerci	ial buil	dings,	home	es,
City (5)	1	-	. A -	771	Squ	uare Feet	# of Floors	. E	Bldg. A	ige	
Kumson 1	17		0	1/60			2		80	1+-	-
County (6) Monmouth				Code (7) USE ONLY)	Cur	rent Use (Pri	or if being demolisi	hed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	No.	Name of Al	batement Cor		201	,	7.	
Street Address	3-	3		r/m	Street Addr	ress	<u>chaolee</u>	316:	3 ,	In	16
City, State, Zip Code	37				City, State,	Zin Code	35 4				-
New Equat.	NS	5	80	533	New	Equ	D+ 115	0	85	53	3
Project Manager for Movithril gr Firm)		Telepho	ne No. 7 <i>58-33</i> 65	Telephone	No. 334	License N	lo.	19	4	
Start Date (10)	Schedul			Date (11)		SHA Monitor				+	
9-8-15	9	1-1	0-1	15	EF	C Tec	hnologies	I	nc		
Occupancy Status During Abatement (Check	Only Or	ne)			Street Addr	(T. T. T	777				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					City, State,		337				
Other – Describe:	ai Fauiitj	, Hours	320			Egypt	AIT	200	52	2	
Scope of Work (Check All That Apply)		-			1.00	-Jypr	700 (10-	ردر	_	
≥3 sf or ≥3 lf	AC F	Renova	tion			ull Containm	ent with Negative F	Pressu	re		
☐ ≥160 sf or ≥260 lf		Demoliti			N	Mini-Enclosure	9				1
19						Blovebag Prod Ion-Exempted	edure d (*) and Non-Friab	ole Pro	cedun	9	
	ls	Locati	on							ement	
Location of		Normalled Sole!			scription of			-	Ту	DC	\neg
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/	Asbestos Cor (i.e. therma	itaining Materi Il systems insi		Amount (Specify	20	77	Enc	En
In Facility (13)	Cus	todial S (12)	idit?		cing, VAT, or miscellaneous		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(15)	Yes	No	N/A	o anor	moonancoa	·		/ <u>a</u>	¬	late	ıre
2	165	140	INA	D '- 7	/		120 LF	-		-	
Basement	1			Pipe I	nsulai	100	1204	X			
	1										
						201					
Name of Registered Waste Hauler		1 1 2 2 2 2	JDEP W auler ID		Yards		Registered Landfill				
EPC Technologies	>		170		1	Wast	e Manage	nen	401	3 8	H
City State		8			sal Date	City, Stat	е	PA		To a series	
	NJ Title	`			10-15 Signature	Morn	isville l				_
Steve Schenker	Pre	side	ent		Signature	Sch	h l		-29	7-13	5



5 / (11.05 / 2.74)		T Manage	of Deliding Orange	2						
Date of Notification (1)	- 15	Name	of Building Owner/o	Sperator (2) Vinc	h+	Sons =	Enc	Ĭ.		
Agencies Notified Type Notification	n	Street	Address P. C). Box	. 5	465	¥.	34		
☐ EPA Initial ☐ Amended Amendme		City, S	State, Zip Code	Renton		VT 09	36	36	2	
	cy (including	Namo	of Contact ,	(0/1/0/	1 [- 330,00			
DOH justificatio		Name	- 1/.	: L		Telephone N	Umner			
□ DCA □ Cancellati	on	!	Jary Vin	(()						
Name of Facility Where Abatement is Tal	vina Dinas (2)	FA	CILITY INFORMAT		of Facility	(4)				
0:6 . 4	(11	lic	Church	V 05505	of Facility	07/55k				
Street Address	Cat ho	lic	Church		School (K- Subchapte	·12) er 8 (Other than K-	12)			
	uth () Ide	n AUE		etc.)	private & commer	cial buil	dings,	hom	es,
City (5) Trenton	N	T	08629	Squa	re Feet	# of Floors	. E	Bldg. A	ige	_
County (6)			y Code (7) E USE ONLY)	Curre		nor if being demol		1		
Name of Monitoring Firm Hired by Buildig	Q Owner (8)		CM No.	Name of Aba		Nan's Ke	Side	216	Ĉ	
EPC Technol	esies		MA	EPO	STI	chnole	qie:	5	Ir	16
Street Address Box 3	137			Street Addres	Rox	337	J			
City, State, Zip Code	WT	00	1533	City, State, Z	ip Code	117	7 0	06	72	2
Project Manager for Movif or Ignirm	MO	Teleph	none No.	Telephone N	ESY	License	No.	0)3	3
Steve Schenke	R	600	758-3365	609 758	3-330	5	0,	39	4	
Start Date (10) 9-8-15	Scheduled	Completio	n Date (11)	Name of OSI		hnologie	T	`~	•	
Occupancy Status During Abatement (Ch	eck Only One	,		Street Addres	SS	2		- 10		
Facility Closed/Vacated During Entir Abatement Performed Outside of No	e Period of Ab	atement lours		City, State, Z	ip Code	337				
☐ Other – Describe:	,			New &		417	00	53	2	
Scope of Work (Check All That Apply)				1.00	JAPI	700	00-	ب	_	
. /				П 5.4			2			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation molition			II Containm ni-Enclosur	nent with Negative	Pressu	re		
1 2100 St 01 2200 II	ZZ Dei	mondon			vebag Pro					
						ed (*) and Non-Fria	able Pro	cedur	е	
	le I	ocation	ľ					Abate		
1	5710000	rmally	De	andation of				Ту	ре	
Location of Asbestos-Containing Material (ACM)	Used	Solely by		scription of taining Material	(ACM)	Amount			_	
TO BE ABATED		tenance/		systems insula		(Specify	72		nc	En
In Facility		dial Staff? (12)		cing, VAT, or		SF or LF)	l m	Repair	aps	clo
(13)		(12)	other r	miscellaneous)			Remova	air	Encapsulate	Enclosure
	Yes	No N/A					-		te	е
Basement	X		Pipe I	nsulati	ion	250 LI	EX			
Parapet Roof	X		Taiz Fl	ashins		100 LF	X			
	1		100	 	1					
Name of Registered Waste Hauler		NJDEP Hauler I	THE RESIDENCE OF THE CONTRIBUTION.	Yards ste / ^		Registered Land				
EPC Technologi	es	Comment of the second	000	12	Was	te Manage	men	to	F	A
City, State	NJ	A	Dispo	sal Date - 18 - 15	City, Sta	te	PA			
Completed by	Title		FS	Signature	~ N		Date	7	200	, ,
Steve Schenker	Pres	ident	-	Sleep)	Sch	she	_ {	5-0	14.	.15

CHO I STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 08/26/2015							Building Owner/Opera D'Callaghan	ator (2)					
Agencies Notified	Туре	of Notifica	ation			Street A			(3	ĒĐ	4 64		
(X)EPA	200 600		lotification	on			te, Zip Code			E.F.			
(X) NJDEP	N 2	Amend				<u> </u>	, e, e, e						
(X) NJ DOL			lment#			Hobo	ken, NJ 07030			44			
(X)DOH			ency (ind	cluding		Name of	Contact		<u> </u>	Γel. Nu	mber		
() DCA		justifica				Rober	rt Corbo						•
	()	Cancel	lation		EACILITY	Y INFORM	ATION			-			
Name of Facility Where At	patemen	t is Takir	ng Place (FACILIT		Facility (4)						
Residential Propert				<u>-1</u>			ool (K-12)						
Street Address	· J						chapter 8 (other tha						
1012 Bloomfield St	t.					(X) Oth	er (i.e. private & cor	mmerci	al bldgs., hor	mes, e	etc.		
City (5)		County	(6)	County Co	de (7)	ł <u>.</u>	E 000 "	·	4	5	. 6	0	
Oity (0)		County	101	(State Use		Sq. Feet	: <u>5,000</u> # o	t Floors	4	Blag	. Age <u>6</u>	<u>U</u>	
Hoboken		Huds	on			Current	Use (prior if being of	demolis	hed): restaur	rant			
Name of Monitoring Firm H	Hired by	Bldg. Ov	<u>vner (8)</u>	ASCM No.			Contractor (9)						
N/A				N/A		ISES,							
Street Address						Street A	A Da						
N/A						5-2-2-4 Co-200-02-10-1	Hudson Avenue						- 7
City, State, Zip Code N/A						5.20.00	e, ZipCode						
							City, NJ						
Project Manager for Monite Firm	oring	<u>I ele</u>	ephone Nu	ımber			ne Number				icense N		
N/A						(201)3	25-0055			1	01124		
Scheduled Start Date (10)		Sch	eduled Co	mpletion Da	te (11)	Name of	OSHA Monitor						
09/04/2015		09/	08/201	5		ISES, I	nc.						
Occupancy Status During						Street Ad							
() Facility Closed/Vaca() Abatement Performent						3300 F	Hudson Avenue						
(X) Other - Describe: U						City, Sta	te, Zip Code						
						2000 CO	City, NJ 07087						
Source of Work (Check all	that app	oly)_	(X) Demolitio	n	() Renovation						
() Minor Project (<	25 SF	or < 10	LF ACM)	ì		() Full Containmen	t with N	Jegative Pres	ssure			
() Small Project (>:						() Mini-Enclosure						
(X) Large Project (>						() Glove-bag Proce						
						() Non-Exempted ((*) and					
Location of Asbestos-Cont (ACM)	taining N	laterial		ion Normally Solely by			cription of ACM stems insulation, surfa-	cina	Amount (Specify SF		Abateme	nt Type	
To be Abated in Fac	cility (13))		enance or	(1.0.		ther miscellaneous.)	ioning,	or LF)			- п	- NASE
			Custodia	al Staff? (12)				- 1		Re	l _R	Encapsulate	Enclosure
			YES	NO N/A						Remova	Repair	psu	losi
			120	NO NA				1		'al	7	late	Те
n , ,			V		D6		20.		~ 150 LFT	V	-		
Rear roof surface and fl	lashing		Χ			ng material	s and flashing)		~ 150 LF1	X			
Name of Reg. Waste Haul		ste Haul	er ID#	Cubic Yards of Was	ste	Name of Reg.			200				
Newark Carting, Inc 04509							10	- 1	Grand Cen			n	
07. 01.					T 5:				1963 Pen A	Argyl	Road		
City, State 369 Raymond Blvd.,	Marra-	L NII	7105	e.	Disp.				City, State Pen Argyl,	РΔ 1	8072		
Completed by (Print or Typ		, 1NJ (Title		Signa	8/2015			Date	171	0012		
Completed by (Fillit of Typ	Je)		Tille		olyria /	iule /	1/	7	Date				
David Camacho			Projec	t	A	m./	/mus (/	08/26/201	5			
			Super		1/1	147/	MIMIN						

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT //690

Date of Notification (1) 08/27/2015				Name of Building Owner/Operator (2) E. Arnone)				
	oe of Notific			Street Address 34 Clifton Terrace	OLI		2210		
() NJDEP (An) Ameno nendmer	nt #		City, State, Zip Code Weehawken, NJ 07086			O II SO VICE		
(X) DOH () DCA		rency (includir ation) Ilation	ing		Number				
	/	FAC	CILITY	INFORMATION					
Name of Facility Where Abatement is Takin Residence	ng Place (3	3)		Type of Facility (4) () School (K-12)					
Street Address 34 Clifton Terrace				() Subchapter 8 (other than K-1 (X) Other (i.e. private & commercial commer		nes, et	C.		
<u>City (5)</u> <u>County (6)</u>		County Code ((State Use Only		Sq. Feet: ~5,000 # of Floor	ors <u>1</u>	Bldg	. Age 🖠	-60	
Weehawken Hudsor	1			Current Use (if being demolished):				
Name of Monitoring Firm Hired by Bldg. Ov	wner (8)	ASCM No.		Name of Contractor (9)	100				
	3	N/A		Industrial Safety & Environ	mental Solu	tions	, Inc.		
Street Address				Street Address 3300 Hudson Avenue					
City, State, Zip Code				City State, ZipCode Union City, NJ 07087					
Project Manager for Monitoring Firm Tel	ephone Nu	ımber		Telephone Number		-	cense N	umber	
		5	440	(201)325-0055] 0	1124		
		mpletion Date (1	11)	Name of OSHA Monitor ISES, Inc.					
Contract State Contract Contra	/25/201	~							
Occupancy Status During Abatement (Che (X) Facility Closed/Vacated During Entire () Abatement Performed Outside of Nor	e Period of	Abatement		Street Address 3300 Hudson Avenue					
(X) Other - Describe: Work area will be unoccupied during	ahataman	.+		City, State, Zip Code					
	abatemen,			Union City, NJ 07087					
Source of Work (Check all that apply)	() Demolition		(X) Renovation					
() Minor Project (< 25 SF or < 10 () Small Project (>25 <160 SF or (X) Large Project (>160 SF or > 26	>10 <260	LF ACM)		() Full Containment with () Mini-Enclosure () Glove-bag Procedure () Non-Exempted (*) and	_		ıre		
Location of Asbestos-Containing Is	s Location	Normally		Description of ACM	Amount		bateme	nt Type	9
Material (ACM) To be Abated in Facility (13)	Used Sol Maintena Sustodial S	nce or		nermal systems insulation, surfacing, VAT, or other miscellaneous.)	(Specify SF or LF)			ш	m
	ES NO	N/A				Remova	Repair	Encapsulate	Enclosure
				(D)	1000.05			Ф	W.
Interior walls and ceilings (does not include sheet rock material)	X	Su	urtacır	ng (Plaster)	~ 4000 SF	X			
						X			
						Х			
× *									
Name of Reg. Waste Hauler Newark Carting, Inc.	NJDER 0450	Waste Hauler I	ID#	Cubic Yards of Waste 30	Name of Reg. Grand Cent 1963 Pen A	ral Sa	nitatio	n	
Address, City, State 369 Raymond Blvd., Newark, NJ (7105		Disp. [Date 5/2015	City, State				
Completed by (Print or Type) Title			Signati		Pen Argyl, F	A 10	012		
		[anager	/	AN/S/MIN	08/27/2015	5			

Date of Notification (1)			Т		f Building Ov		perato	r (2)							
08/26/15	- N. 15				h Thomas										
Agencies Notified EPA	Type Notification			Street A 52 Uni	ddress ion Place					SEP	1 1	211			
× EPA × DEP × DOL	Amended Amendment		_	City, Sta Summ	ate, Zip Code nit , NJ										
X DOH X DCA	Emergency (justification) Cancellation	including		Name of	f Contact					Tel	ephone N	umber			
AL (= 111 142				FACI	LITY INFOR	MATI	ON								
Name of Facility Where A Joseph Thomas	Abatement is Taking	g Place (3)						_	of Facility (4	5.0					
Street Address 52 Union Place		- 27							School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth			lding	s, hom	es,
City (5) Summit	¥1								re Feet	# 0	f Floors		Bldg.	Age	
County (6) Union County				County (Code (7) USE ONLY)			Сипе	ent Use (Prior	r if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	/I No.			of Aba Abate	tement Cont ment	ractor	(9)				
Street Address								Addres	ss Street Su	ite A	4				
City, State, Zip Code									ip Code gen, NJ 07	7047		2,000			
Project Manager for Mon	itoring Firm			Telephor	ne No.		50	hone N -293-6		-0.5	License 01223	No.			
Start Date (10) 08/27/15		Scheduled 09/07/15		npletion I	Date (11)				HA Monitor	TIN	G LLC				
Occupancy Status During	g Abatement (Check	Only One)				Street	Addres	SS	V=10 =					
Facility Closed/Vaca	ated During Entire F	eriod of Ab	atem	nent					JTE EAST	SUI	TE 107				
Abatement Perform Other – Describe:		al Facility F	iours						ip Code J 07083						
Scope of Work (Check A	II That Apply)	_					-	=1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				2	Mir	l Containmer ni-Enclosure ovebag Proce	edure	-				
		lal	ocati	0.0				_ NO	n-Exempted	() and	1 14011-1118	IDIE PI		re temen	t
Location	ı of	No	rmal	ly		Des	scription	n of						уре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Used Main Custoo	enar	nce/		Contact Contac		Material s insula AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										e	
Building En	trance						VAT			37	'0 SF	х			
Name of Registered Was	te Hauler		N	JDEP W	aste (Cubic '	Yards		Name of R	egiste	red Landf	ill			
SAN TON SERVICE	S		1000	auler ID 2430		of Was	300		MEDOV	/LAN			/IISI	NC	
City, State KENILWORTH, NJ						Dispos	al Date		City, State KEARN						
Completed by Bryan Parra		Title Project	Ma	nager		Si	ignatur	A	KAH	SVIII		ate 8/26/	15		

C* 2414

Date of Notification (1) August 28, 2015					f Building Sheperd		perator	(2)					12.			
Agencies Notified	Type Notification			Street A	ddress arcliff R	oad				81	P					
DEP X DOL	Initial Amended Amendment	: #3		City, Sta	ate, Zip Co	ode	07046	·								
▼ DOH DCA	Emergency justification) Cancellation			Name o	f Contact Sheperd					Tel	ephone	Num	ber			
	_				LITY INF		ON									
Name of Facility Where	Abatement is Takir	ig Place (3	3)					Тур	oe of Facility School (K-							
Street Address 52 Briarcliff Road								×	Subchapte Other (i.e. etc.)					dings	hom	es,
City (5) Mountain Lakes, No	J 07046							Sqı	uare Feet	# 0	f Floors		E	ildg. A	\ge	
County (6) Morris					Code (7) USE ONLY)		Cu	rrent Use (Pr	ior if bei	ing dem	olishe	ed)			
Name of Monitoring Firm Sky Environmental		Owner (8)		ASCN	ЛNo.		110000000000000000000000000000000000000		batement Co struction Co							
Street Address 140 Boulevard						Street 235		ress chung Ave	enue							
City, State, Zip Code Mountain Lakes, No	J 07046							Zip Code ange, NJ (7052							
	oject Manager for Monitoring Firm conid Shereshevsky						Telepi	hone			Licens 0123		l.			
Start Date (10) August 24, 2015	[1] [1] [1] [1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4						Transfer Stoom		SHA Monitor er Laborat		Global	Inc.				
Occupancy Status Durin	g Abatement (Ched	ck Only On	ie)				Street									
× Facility Closed/Vac Abatement Perform	ated During Entire ed Outside of Norn	Period of A	Abater Hour	ment s					Cary Stree	et						
Other - Describe:							Rich	mor	nd, VA. 23	220						
Scope of Work (Check A	II That Apply)	-						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenov: emoli				2	N	Full Containm Mini-Enclosur Glovebag Pro	e cedure	1701					
		le	Loca	tion					Non-Exempte	u () an	u Non-r	TIADI	F 10		emeni	1
Location	ı of	N	Vorma	lly		Des	scription	of						Ty	ре	
Asbestos-Containing TO BE AB			a Sole intena	ely by ance/		tos Cont			rial (ACM)		mount		77		Ē	т
In Facil		Cust	odial (12)	Staff?	(1.6.	surfac	cing, VA	T, or			Specify or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		other n	niscellar	neous	s)				oval	air	Encapsulate	sure
Attic		163	X	INA	Ve	ermiculi	te/Cel	lulo	us fill	80	00SF		X			
				1												
Name of Registered Was		1500	NJDEP W Hauler ID		Cubic of Was			Name of	Registe	red Lan	dfill	27-13-2-1				
Be Construction Cor	poration		'	aulei ID	.,,,	OI VVas	,,,,		Tullyto	wn Fac	cility					
City, State West Orange, NJ 07	052					Dispos	al Date	88	City, Stat		4					
Completed by Barbara Reed		Title Presid	dent			S	ignature	ha	cea As	Led	1	Date 08/		2015		

Date of Notification (1) August 18, 2015	T	Name of Julie S		Owner/C	Operator	(2)								
Agencies Notified Type Notification	4	Street Ac								==				
			rcliff Ro	pad										
EPA Initial Amended Amendment #2			te, Zip Co ain Lake		07046									
Emergency (including justification)	_	Name of	Contact					Tolo	nhana t	I I				
DCA Cancellation		Julie S						-						
Name of Facility Where Abatement is Taking Place (3)		FACIL	ITY INFO	DRMATI	ON	Typ	e of Facility (4)			-			
tame of resimp vision reads from the reading reads (c)							School (K-12							
Street Address 52 Briarcliff Road						×	Subchapter 8 Other (i.e. pr	(Othe			ildi	ngs,	home	es,
City (5)						_	etc.) are Feet	T # of	Floors	—т	Ric	ig. A	ne.	-
Mountain Lakes, NJ 07046											DIC	.y. A	ge 	
County (6) Morris		County C (STATE U	Code (7) ISE ONLY))		Cur	rent Use (Prior	r if beir	ng demol	lished)				
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM	No.				eatement Cont truction Cor							
Street Address					Street			porar						
140 Boulevard							chung Aven	iue						
City, State, Zip Code Mountain Lakes, NJ 07046							Zip Code ange, NJ 07	052						
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephor 973-58			Teleph 973-6		No. 2900		License 01231					
Start Date (10) Scheduled		mpletion [200 40-20-20-4				SHA Monitor						3_50	
August 24, 2015 August 2		2015				200000000	er Laborator	ries G	Blobal I	nc.				
Occupancy Status During Abatement (Check Only One					Street 2512		ess Cary Street							
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F							Zip Code		Section 10 man					
Other – Describe:				_	Rich	mon	id, VA. 2322	20						
Scope of Work (Check All That Apply)					To.	7								
	nova moli	ation ition			×	i N	ull Containme lini-Enclosure		Negativ	e Press	sure	9		
							Slovebag Proce Ion-Exempted		d Non-Fr	iable P	roc	edur	Э	
ls L	ocat	tion									A		ment	
Location of	Sole	illy ely by			scription				7	-	Т	ıу	ре	
TO BE ABATED Main	itena	ince/			taining N I system:		al (ACM) ulation,		mount Specify	7	,	ת	Enc	Ē
In Facility	(12)	Staff?			cing, VA			SF	or LF)	Kemova		Repair	Encapsulate	Enclosure
Yes	No	N/A		· · · · · ·						2		7	late	Ге
Attic	X		Ve	rmicul	ite/Cell	lulou	ıs fill	80	OOSF	X				
					20. 500									
											1			
Name of Registered Waste Hauler	1	NJDEP W	aste	Cubic	Yards		Name of R	egiste	red Land	Ifill				
Be Construction Corporation	100	Hauler ID		of Wa			Tullytow	2750						
City, State West Orange, NJ 07052	-			Dispo	sal Date	8	City, State				-			
27							Tullytow	n, PA	1					

Date of Notification (1) August 13, 2015					of Building O Shepard	wner/O	perator	(2)					-		
Agencies Notified	Type Notification				Address iarcliff Roa	ad				65	P	1 4	T.		
DEP X DOL	X Amended Amendmen				ate, Zip Code tain Lakes		7046								
DOH DCA	Emergency justification Cancellation				of Contact Shepard					Telep	hone N	umber			
				FAC	ILITY INFOR	RMATIC	N								
Name of Facility Where	Abatement is Takir	ng Place (3	3)					Туре	of Facility (4	+)					
Street Address 52 Briarcliff Road									School (K-12 Subchapter (Other (i.e. pretc.)	8 (Other	than K-	12) cial bui	ldings	, hom	es,
City (5) Mountain Lakes, N	J 07046								e Feet	# of F	loors		Bldg. /	Age	
County (6) Morris					Code (7) USE ONLY)			Curre	nt Use (Prio	r if being	demoli	shed)			
Name of Monitoring Firm Sky Environmental		Owner (8)	1	ASCI	M No.				tement Cont uction Cor						
Street Address 140 Boulevard			-				Street	Addres		-					
City, State, Zip Code Mountain Lakes, N	J 07046						City, S	tate, Zi	p Code ige, NJ 07						
Project Manager for Mor Leonid Shereshevs	nitoring Firm	-	T	Telepho	one No. 88-4821		Teleph	one No).	L	icense 1231	No.			
Start Date (10)		Schedule	ed Cor	(B)(7), (B)(6)	Date (11)				A Monitor	0	1231				
August 19, 2015		August	21,		SS-2 - 5:				Laborator	ies Glo	bal In	C.			
Occupancy Status Durin X Facility Closed/Vac								Addres W Ca	s ary Street						
X Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of A nal Facility	Hours	nent		-	City, St	tate, Zij	o Code						
Scope of Work (Check A						-	Richr	nond,	VA. 2322	20					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Mini	Containmer i-Enclosure vebag Proce -Exempted	dure	- -			e	
		1.075	Locat										Abate	ement	
Location Asbestos-Containing			lormal d Sole		Ashastas	Desc	ription	of		2	27	-	1)	ре	
TO BE ABA In Facil (13)	ATED	Cust	ntena odial ((12)	Staff?		ermal s surfacir other mis	ystems ng, VAT	insulat Γ, or	tion,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Attic		Yes	No	N/A										е	
Attic			X		Verm	niculite	e/Cellu	alous	fill	8008	SF	X			
												-			
Name of Registered Was				JDEP W		Cubic Ya			Name of Re	egistered	Landfil	I			
Be Construction Cor	poration		"	auler ID	NO. 0	of Waste	9		Tullytowr	r Facilit	y				
City, State West Orange, NJ 07	052		1		C	Disposal	Date		City, State Tullytown	n, PA		12			
Completed by Barbara Reed	N.	Title Presid	dent			Sig	nature				2000	ate 3/13/2	015		

Date of Notification (1) August 5, 2015					of Building Shepard	Owne	/Operator	(2)	5	150						
Agencies Notified	Type Notification			Street A	Address arcliff Ro	oad										
EPA DEP × DOL	Initial Amended Amendment	#			ate, Zip Co tain Lake		J 07046			-						
DOH DCA	Emergency (justification) Cancellation			Name o	of Contact Shepard					Teler	nhone I	Niumh	nar			
				FAC	ILITY INFO	ORMA	TION									_
Name of Facility Where	Abatement is Takin	g Place (3)					Туре	of Facility (4)						
									School (K-12	2)						
Street Address				7					Subchapter 8				b il.	d:	h	
52 Briarcliff Road								×	Other (i.e. pri etc.)	ivale &	Comme	erciai	DUIIO	ungs	nom	es,
City (5) Mountain Lakes, N.	J 07046							Squa	are Feet	# of F	Floors		В	ldg. A	\ge	
County (6) Morris					Code (7) USE ONLY,)		Curr	ent Use (Prior	r if being	g demo	lishe	d)			
Name of Monitoring Firm Sky Environmental		Owner (8)		ASC	M No.				atement Contr							
Street Address	Oct vices inc.						Street		ruction Cor	porau	On					
140 Boulevard								hung Aven	ue							
City, State, Zip Code Mountain Lakes, N.	J 07046								Zip Code nge, NJ 07	052						
Project Manager for Mor Leonid Shereshevs				Telepho	ne No. 88-4821		Teleph 973-	none N 669-2		11 3	License					
Start Date (10) August 19, 2015		Schedule August			Date (11)		100		HA Monitor r Laborator							-
Occupancy Status During	Ahatement (Chec			2013			Street			ies Gi	obari	nc.				
	20	7.9	5						ary Street							
Facility Closed/Vaci	ed Outside of Norm	eriod of A al Facility	Hours	nent s					Zip Code			2000		-17		
Other – Describe:									d, VA. 2322	20						
Scope of Work (Check A ≥3 sf or ≥3 lf	Il That Apply)	X R					×	7 -				200				
≥160 sf or ≥260 lf		= '''	enova emolit				Ê	Mi	III Containmer ni-Enclosure ovebag Proce		Vegativ	e Pre	essui	re		
									n-Exempted		Non-Fr	iable	Pro	cedur	е	
		Is	Locat	ion											ement	t
Location			ormal d Sole		11		escription					-		1)	ре	
Asbestos-Containing TO BE ABA		Mai	ntena	nce/	Asbest	tos Co	ntaining N al system:	Aateria	I (ACM)		ount		77		En	ш
In Facili		Custo	odial 8 (12)	Staff?	(1.6.	Sur	acing, VA	T, or	auon,		ecify or LF)		Remova	Repair	cap	nclo
(13)		-	(12)			other	miscellar	neous)					oval	air	Encapsulate	Enclosure
***		Yes	No	N/A											æ	
Attic			X	-	Ve	rmicu	ılite/Cell	ulous	s fill	800	OSF	2	2			
				-												
Name of Registered Was	to Hauler		I N	LIDED W	la et e	0	- VI-									
Be Construction Corp			1 1 2 2 2	IJDEP W lauler ID		of W	c Yards aste		Name of Re			ITILL				
City, State West Orange, NJ 07	052					Disp	osal Date		City, State							
Completed by	002	Title					Classi		Tullytowr	1, PA		D :				
Barbara Reed		Presid	lent				Signature					Date 08/5		15		

m/0 23028764635

Date of Notification (1) 08/28/15	10				f Building rand Su			(2)			CLI	-	- oV		
Agencies Notified	Type Notification			Street A	ddress oringfiel	d Ave.			×			7			
× EPA × DEP × DOL	Initial Amended Amendment			City, Sta	ate, Zip Co nit , NJ 0	ode			Ta .		1	-		111	
X DOH X DCA	Emergency justification) Cancellation			Name of	f Contact					Tel	ephone Nu	ımber			
			-4	FACI	LITY INF	ORMATI	ON								
Name of Facility Where The Grand Summit		g Place (3)						_	of Facility (4 School (K-12						
Street Address 570 Springfield Ave	e.								Subchapter 8 Other (i.e. pretc.)	(Oth			dings	, hom	es,
City (5) Summit					0				e Feet	# 01	Floors		Bldg. A	Age	
County (6) Union County					Code (7) USE ONLY)		Сипе	nt Use (Prior	r if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.			of Abate	tement Cont	ractor	(9)				
Street Address							Street	Addres	SS						
City State 7in Code	, State, Zip Code						7.50.50.00000	c. The core is so on	Street Su	ite A	4				
		=======================================		Telepho			Nort	h Berg	gen, NJ 07	7047					
	ject Manager for Monitoring Firm						1000	none No 293-6			License 01223	No.			
Start Date (10) 09/02/15	,	Schedule 09/09/1		npletion	Date (11)				lA Monitor I CONSUL	TIN	3 LLC				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)					Addres							
Facility Closed/Vac	ated During Entire F	Period of A	batem	nent					ITE EAST	SUI	TE 107				
Abatement Perform Other – Describe:		nai Facility	Hours	i.		_			p Code J 07083		ŭ.				
Scope of Work (Check A	Il That Apply)						I S								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000	enova emolit				×	Min	Containmer i-Enclosure vebag Proce	edure					
								J Nor	n-Exempted	(*) and	d Non-Fria	ble Pro			
			_ocati ormal			81 <u>-12</u> -13-13		20040					Abat	emen /pe	
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED	Used Mair Custo	Sole otenar	ly by nce/		tos Cont thermal surfa		Material s insula T, or		(8	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>		ate	re
Basem	ent					Snov	vmen t	ank		20	00 SF	x			
Basem	ent					Snov	vmen t	ank		20	00 SF	х			
														-	
Name of Registered Was	ste Hauler		1777	JDEP W		Cubic			Name of R	egiste	red Landfi	11 -	1		
SAN TON SERVICE	S		140,000	auler ID 2430	No.	of Was			MEDOV	/LAN	CHES	MO	IISIC	N	
City, State KENILWORTH, NJ						Dispos	sal Date		City, State KEARN	Y, NJ					
Completed by Bryan Parra		Title	+ N/I-	nager		S	ighature	PIT	TOUR		0.50	ate 8/28/	15		
Diyan rana		riojec	, IVIć	inayer			194	N/II	FUIW		0	0/20/	IJ		

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Print Form

Date of Notification (1) 08/28/15			3.00		f Building no Delec		perator	(2)			to ten!	1 2	Ulu		-
Agencies Notified	Type Notification		100	Street A 59 Jac	ddress kson St						=				
× EPA × DEP × DOL	Amended Amendment		100		ite, Zip Co ic NJ 07		511 <u>-35</u>								
X DOH X DCA	Emergency justification) Cancellation	_		Name o	f Contact					Tel	ephone Nur	nber			
				FACI	LITY INFO	ORMATIC	ON								
Name of Facility Where Maximo Deleon	Abatement is Takir	ig Place (3	5)			O KWATI		Ту	ype of Facility School (K-						
Street Address 59 Jackson St								×			er than K-12 & commerci		dings,	hom	es,
City (5) Passaic								Sc	quare Feet	# 0	f Floors	В	ldg. A	ge	
County (6) Passaic County					Code (7) USE ONLY)		Cı	urrent Use (Pr	ior if bei	ng demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	ЛNo.				Abatement Co atement	ntractor	(9)				
Street Address							Street 1009		dress 7th Street S	Suite A	4				
City, State, Zip Code							2000 P. W.		e, Zip Code Bergen, NJ	07047					
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph	hone			License N	lo.			
Start Date (10)		Schedule	ed Con	npletion	Date (11)		Name	of (OSHA Monitor						
09/08/15		09/22/		54 . 100 0000 + 50.000 0			HILN	ΛAI	MM CONS	ULTIN	G LLC				
Occupancy Status Durin	ng Abatement (Checated During Entire		50. % 	nent			Street 1600		dress OUTE EAS	ST SUI	TE 107				
	ned Outside of Norr					_ [e, Zip Code I NJ 07083						
Scope of Work (Check A	All That Apply)										100 mm - 1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Name and Address of the Owner, when the Owner, which	Renova Demolit				×	~	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure	Ü				
			g 700						Non-Exemple	ai () aii	u Non-Frial	T	33037	emen	
197		73.5	Locati Normal											pe	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) <u>ATED</u> lity	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ Staff?		tos Conta	systems ing, VA	Mate s in: AT, o	erial (ACM) sulation, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
• • • •		Yes	No	N/A											
Attio							ster w	all			30 SF	Х			
Offic	e					V.	VAT			13	30 SF	Х			
												+			
Name of Registered Wa	ste Hauler		- N	JDEP W	l /aste	Cubic `	Yards		Name of	Registe	ered Landfill				
SAN TON SERVICE			7977	auler ID 2430	No.	of Was	te		MEDO	WLAN	ICHES C		IISIC	N	
City, State KENILWORTH, NJ						Dispos	al Date		City, Sta		J			u!	
Completed by Bryan Parra		Title Proje	ct Ma	anager		Si	ghatture Ol	16	MAN	10		ate 3/28/1	15		
							U								

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Date of Notification (1) 08/27/15				Name of Bei C	f Building ai	Owner/0	Operator	(2)						
Agencies Notified	Type Notification			Street A	ddress					627	7	7.		
× EPA	× Initial			112 SI	hort Hills	s Ave.								
DEP DOL	Amended Amendment				ate, Zip Co Hills , N		8			*				
X DOH X DCA	Emergency justification) Cancellation			Name o	f Contact					Telephone N	lumber			
Name of Facility Miles	Ab -1 1: T-1:	DI (0)		FACI	LITY INF	ORMAT	ON							
Name of Facility Where Bei Cai	Abatement is Takir	ig Place (3)						Type of Fa						
Street Address 112 Short Hills Ave								Subc		Other than Kate & comme		ilding:	s, hom	ies,
City (5) Short Hills								Square Fe	et	# of Floors		Bldg.	Age	
County (6) Essex County					Code (7) USE ONLY			Current Us	se (Prior if	being demol	ished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.			of Abateme Abatemer		ctor (9)				
Street Address								Address 9 87th Stre	eet Suite	e A4				
City, State, Zip Code								State, Zip Co h Bergen,		47	2000			
Project Manager for Mor	itoring Firm			Telepho	ne No.		Teleph	none No. 293-6305		License 01223				
Start Date (10) 09/09/15		Scheduled		pletion	Date (11)		100000000000000000000000000000000000000	of OSHA M						
Occupancy Status During	a Abatamant (Char						100000000000000000000000000000000000000	AAMM CC	NSULI	ING LLC				
Facility Closed/Vac				ont			100	Address ROUTE	EAST S	SUITE 107				
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility F	lours	ierit			City, S	state, Zip Co	de			-		
Scope of Work (Check A					2		UNIC	ON NJ 07	083					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі ттас Арріу)	CONTRACTOR OF THE PARTY OF THE	nova moliti	300000000000000000000000000000000000000			×	Mini-End Gloveba	closure ig Procedi	with Negative ure and Non-Fria			ro	
		le l	ocati	on	The said			14011-EXC	stripted ()	and Noti-i in	able F1	W-2120 AC	temen	t
Location		No	mall	у		Des	scription	of				T	уре	
Asbestos-Containing TO BE ABA In Facil (13)	ATED	Used Main Custo	tenar	ice/		thermal surface				Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							_		ite	o
Baseme	ent						TSI			85 LF	x			
1st&2nd floor, at	tic(10 rooms)						Other			1,314 SF	х			
Name of Registered Was	to Hauler		l N	JDEP W	lanta	Cubia	Vanda	l NI=	(D		-			
SAN TON SERVICE			H	auler ID 2430		Oubic of Was				istered Landi ANCHES		/IISI	NC	
City, State KENILWORTH, NJ				020 N 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dispos	sal Date		, State ARNY,	NJ				
Completed by Bryan Parra		Title Projec	t Ma	nager		S	ignature	GANT	FIMA	1	Date 08/27/	15		
								1	211					

Check # 1613

Date of Notification (1) 08/27/2015					Building BOURN			(2)			196.	-			
Agencies Notified	Type Notification			Street A	ddress NORTH	PARK	DRIVE	=		CET	1.2	15			
EPA DEP DOL	Initial Amended Amendment			City, Sta	te, Zip Co SAUKE	ode				1/2				-	
ĭ DOH	Emergency (i	including			Contact	ATTO:				Tel	ephone Nur	nber		3	
DCA DCA	Cancellation			m = 1000010010010	LITY INFO	The Table Controlled	10.			-					
Name of Facility Where			3)	171011		OT CHILD CT I	0.1	Туре	of Facility ((4)					
COOPER RIVER F	PLAZA APARTM	ENTS							School (K-1						
Street Address 5105 NORTH PAR	K DRIVE							×	Other (i.e. p		er than K-12 & commerci		lings,	home	es,
City (5)		<u> </u>						— е	etc.) e Feet	# 01	f Floors	В	ldg. A	ae	
PENNSAUKEN								273,0		14		5		3-	
County (6) CAMDEN				County (Code (7) USE ONLY)			nt Use (Pri RTMEN		ng demolish FICES	ned)			
Name of Monitoring Firm STRATEGIC ENVI		Owner (8)		ASCN	No.	196	200000000000000000000000000000000000000		ement Co		(9) ENTAL SE	RVI	CES	INC.	
Street Address 1634 SOUTH DEL	AWARE STREE	Т						Addres CLEM	s S RUN						
City, State, Zip Code PAULSBORO NJ 0	08066							State, Zi LICA	p Code HILL NJ	08062	2				
Project Manager for Mor ED KEEGAN	nitoring Firm			Telephor 856-42	ne No. 23-5711		100000000000000000000000000000000000000	hone No 304-46			License N 01145	0.			
Start Date (10) 08/31/2015		Schedule 09/25/2		npletion I	Date (11)		Name EMS		IA Monitor						
Occupancy Status Durin	ng Abatement (Check	k Only Or	ne)				7.000	Addres							
Facility Closed/Vac	cated During Entire P ned Outside of Norm	eriod of	Abatem	ent				R1. 13 State, Zi	30 NORT	Н					
Other - Describe:	FIRST FLOOR WING	WILL BE	CLOS	ED					SON N	J 0807	77				
Scope of Work (Check A	All I nat Apply)	V -					>	7	0						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoliti				>	Min	i-Enclosur vebag Pro	e cedure	Negative F				
		Τ.		3777			Ľ	≦ Nor	n-Exempte	d (*) an	d Non-Friab	_	Cedur Abate		
Locatio	n of	1	Locati Normal	ly		De	scription	n of						ре	
Asbestos-Containing TO BE AB	Material (ACM)		ed Sole iintenar			tos Cont	taining N	Material			mount	77		回	Ш
In Faci	lity	Cus	todial S (12)	Staff?	(i.e.	surfa	cing, VA	AT, or	uori,		Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		- V		T		otner n	niscella	neous)				val	¥.	ulate	ure
FIRST FLOOR-	FIRE AREA	Yes	No	N/A X		DI AS	TER V	Λ/ΔΙΙ		11	48 SF	X			
FIRST FLOOR				X		NF1 F					38 SF	X			
BASEMENT-PI		X				PIPE II		20000	201-010	77000	98 LF	X			
BAGENIENT	SIVII TOOW				N N		NOOL	ATION	L.		O LI	Λ			
Name of Registered Wa	ste Hauler		l N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfill	1			
SERVICE TRANSP	ORT GROUP IN	IC.		auler ID W2117		of Wa			Daniel Street		ANDFILL				
City, State NEW CASTLE, DE						09/25	sal Date 1/201/5		City, Sta WAYN		RG, OH				
Completed by RON SWANSON		Title GM				/8	Signatur	ico.	Ch	Eul-	201708	ite 3/27/2	2015		
ASB-41 (R-06-08)							Do n	ot use th	his form fo	r asbes	tos licensur	e exen	npted	activi	ties.

SEP 1 2015				State of	f Henr Jer	D.One	T		DL.	- 10	DAY	/	F :	
Date of Notification (1)	0	NG.	(LRIAM)	ion of / ent to M,	ASBESTO IAC 8:60	S ABATE	D)	Ch	امم	*	16	1	3	
08/27/2015			Nam	A OF BUILD	IRNE M	ofeneqC\1	(2)	1-1	16		%			\vdash
Agencies Notified Type Notifical	ion		Street	Addres	4		+		-	SY	12			L
EPA Initial Africandes						K DRIV	E	WAIV	EŔ	APP	ROV	FD		
E DOL Amendin	ent S		PEN	State, ZI	p Code KEN NJ	724NO					101			_
justificași	ey (includ	ing	Name	s of Cont.	ect									
ORI (CSIII	nel				A GOTT				Tel	aphona	Numb	ar		
Name of Facility Where Abetement is Te	king Place	(8)	FA	CLITY	NFORMA	TION	-				_			_
COOPER RIVER PLAZA APAR	TMENT	9	_				_	of Facility (4						
105 NORTH PARK DRIVE	-						п	School (K-12 Subchapter !	5 (C)th	er than it	-12			
ity (5)	_						-	Other (i.s. pr	iuliția (r comme	relal E	huildin	ga, ho	mei
PENNSAUKEN								ore Fact ,015	14	Finors			. Age	
CAMDEN			Count	Y Code (7)		CLUTE	ent Use (Prior	if bei	na dame	lia Penel	55		_
ame of Monitoring Firm Hires by Building	O DWYAY	'Bì		ON NO.	477		APA	LRIMENTS	S/OF	FICES	-rer s∈Q			
I WATERIC ENVIRONMENTAL	~ ~->1101 (,	700	≠N PID.		ASSI	IRE!	tement Control	acter NR4E	(S) NTAL /	DED:		o 11.	_
reet Address 534 SOUTH DELAWARE STRE	ET		-			Street /	ddre	25	AINT	AIN!	ואשנ	VICE	S IN	G.
y State, Zip Code	Œ 1		_		-	1		IS RUN			•			
AULSBORO NJ 08086						MULL MULL	ata, Z	P Code HILL NJ O	RORT					
D KEEGAN			Teleph	one No.		Talaphy	one No	۵.	702	Libanae	Mp			
PT Date (10)	Schadi	Hed Co		23-571 Date (1		610-3				01145	, 444,			
8/31/2016	09/25	12015	+ + 194 volled, 15/32	Page []	1)	EMSL		(A Monitor						_
Cupancy Status During Abstament (Che Facility Closed/Vacated During Entire						Street A	ddraz	0						_
Abatement Performed Outside of Nor Other - Describe: FIRST FLOOR WIT	mai Facili	Abelo y Hour	ment E			200 R		NORTH						_
ope of Work (Check All That Apply)	ANILL E	E CLO	MED			CINN	AMIN	SON NJ D	8077	6		9		
23 of or A3 N	17:	Dara -	ne!a.a			Michie							-	_
≥160 sf or ≥280 if		Ranovi Demoij					6641648	Containment Enclosure		degative	Prass	TILD.		
						2	Gib	ebes Proced Exempted (*	ure	Non Ed-	hia Pr			
Location of		Locat Norma						(J MINI	- VIII-TIE	LAG PT	Abs	terna n	ıţ
Asbestos-Containing Material (ACM) IO BE ABATED	Uni	recrima ad Sole intens	by by	Asbe	Slos Cont	ichpien e Lining Mei	tehal	ACM	A	CALIFIE	-	T	уре	T
In Facility (13)	1 ~	todial ((i.e	themen .	ng, VAT,	ness slead	ion.	(So	ounk soify r LF)	配	2	Bres	1
(10)	W				offiar IT	Ascellane:	SUB)		er i	r LP)	Removal	Rupair	neprodexu	ATHRODOLIZ
FIRST FLOOR-FIRE AREA	Yes	No	N/A		m 1 1 1 1						1=	'	allo	1
FIRST FLOOR-FIRE AREA	+		X		-	TER WA			1148	SF	×			
BASEMENT-PUMP ROOM	X		×		- Control Designation	OOR T			3138	SF	×			
110011	1				PIPEIN	BULAT	ION		98	LF	X			
a of Registered Waste Hauler		T N2	IDEP W	ante	Cubie \	I mandra	-					1		
RVICE TRANSPORT GROUP IN	iC.	H	War 10 N2117	No.	of Wast			Name of Reg MINERVA						
State V CASTLE, DE		100	**111		40 Disposi	Il Dinte		City, State	-MY	GEILL				
					09/25/			WAYNESE	URG	, OH			24	200
	1													
ploted by N SWANSON	Title GM				/ak	Just	01	1/1 v	1	2 1 08				_

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 08/28/2015				Name of Building Owner/Operator (2) Carlos Medina				*	
Agencies Notified	Type of Notin	fication		Street Address		-			11
(NA) 1105DA	() () I = 't' = 1	N1 - 4161 41		624 36 th St.					
(X)USEPA		Notification	1	City, State, Zip Code	SEF				
() NJDEP (X) NJDOL	() Amer Amendme								
(X) NODOL		gency (inclu	dina	Union City, NJ 07087	a 147	00555			
() DCA		cation)	unig		Number				
() 50/1		ellation		Carlos Medina					
		F	ACILIT	YINFORMATION					
Name of Facility Where Abatemer	is Taking Place	(3)		Type of Facility (4)					
Residence				() School (K-12) () Subchapter 8 (other than K-1	2)				
Street Address 624 36 th St.				(X) Other (i.e. private & commerce		es, et	C.		
				(1) - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	.				
<u>City (5)</u>	unty (6)	County Cod (State Use 0		Sq. Feet: ~2000 # of Floor	rs <u>1</u>	Bldg.	Age +	60	
Union City H	udson	Totale ose o	Offig	O	V.				
A STATE OF THE STA		1001411		Current Use (if being demolished Name of Contractor (9)):				
Name of Monitoring Firm Hired by	Blag. Owner (8)	ASCM No. N/A		Industrial Safety & Environ	mental Solu	tions	Inc		
Street Address		The second secon		Street Address	michai bolu	111111	, 1110.		
5.55077441000				3300 Hudson Avenue					
City, State, Zip Code				City State, ZipCode					
				Union City, NJ 07087					
Project Manager for Monitoring Fire	m Telephone N	lumber		Telephone Number			cense N	umber	
				(201)325-0055		0	1124		
Scheduled Start Date (10)	Scheduled C	Completion Date	e (11)	Name of OSHA Monitor					
08/29/2015	08/30/20	15		ISES, Inc.					
Occupancy Status During Abatem	ent (Check only o	ne)		Street Address					
() Facility Closed/Vacated Dur () Abatement Performed Outsi				3300 Hudson Avenue					
(X) Other - Describe:	de of Norman aci	ity i louis -		City, State, Zip Code					
Work area will be unoccupied	during abateme	ent		Union City, NJ 07087					
Source of Work (Check all that ap	oly)_ () Demolition	n	(X) Renovation					
/ V) Min Desired /4 05 05	14015 101	4)		() Full Containment with	Negative Press	nuro.			
(X) Minor Project (< 25 SF () Small Project (>25 <16				() Full Containment with() Mini-Enclosure	Negative Fies	sure			
() Large Project (>160 SF				() Glove-bag Procedure					
, , , , , , , , , , , , , , , , , , , ,			,	() Non-Exempted (*) and					
Location of Asbestos-Containing Material (ACM)		n Normally olely by	/i a t	Description of ACM thermal systems insulation, surfacing,	Amount (Specify SF		Abateme	ent Type	9
To be Abated in Facility (13)		ance or	(1.0.	VAT, or other miscellaneous.)	or LF)			ш	_
	Custodial	Staff? (12)				Rer	Z.	Encapsulate	Enclosure
		1			1	Remova	Repair	psul	losu
	YES NO	A/A			-	<u>a</u>	_	ate	Iге
Pacament	X	1	TSI pip	20	~ 8 LF	X			
Basement	^		t ot bit		0 21	^			
Name of Reg. Waste Hauler	NJD	EP Waste Haul	ler ID #	Cubic Yards of Waste	Name of Reg.	L Landfil			
Newark Carting, Inc.	045			~.3	Grand Cent	ral Sa	anitatio	n	
		3.52			1963 Pen A	rgyl F	Road		
Address, City, State	1. 311.051.05			Date,	City, State		070		
369 Raymond Blvd., Newa			777777777777	0/2/015	Pen Argyl, F	A 18	0/2		
Completed by (Print or Type)	<u>Title</u>		Signa	The last last	<u>Date</u>				
David Camacho	General l	Manager		HAV & I (IIII)	08/27/2015	5			
anger de la companya		-0	-	1					

ML 6000118

D&S Proj. #: 2015-306

Date of Notification (1)	Name of E	Building Own	er/Operator (2)		1.	13 SEF	į		7:5	14
Agencies Notified Type Notificat	harlan s									380	
EPA Initial	Street Add	ress							T V	11.	1
DEP Amended	66 cray							17	11		
	City, State	, Zip Code									
Emergency	fanwoo	od, nj 070	23								
DOH (including justification)	Name of C	ontact				Telepho	ne Number				
☐ DCA ☐ Cancellation	11	oinsky									
	. 11 -		ILITY INFORM	IATION							
Name of facility where the transit	- 1 - 1 - (0)	TAC	ILIT INFONI	ATION		- /- ···	7.41				
Name of facility where abatement i	is taking place (3)					Type of Facility	(4) ool (K - 12)				
harlan smith						=	hapter 8 (Ot	her tl	nan K	-12)	
Street Address						111111111111111111111111111111111111111	(Private/Co			1-	
66 cray tarraca							./Homes, etc	_			
66 cray terrace City (5)	County (6)					Square Feet	# of Floors		BI	dg. A	ge
City (5)	County (6)			96.000	nty Code (7) te use only)	Ourset Head	Driver if heaters		-1:-1-	-11	
fanwood	UNION			(Ota	le use offiy)	Current Use (Prior it being	aem	olish	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	T	ASCM No.		Name of Abatement C	ontractor (9)		_			
		1			D & S RESTORA	TION INC					
Street Address				-	Street Address	11011, 1110.					_
					20 California Ave						
City, State, Zip Code					City, State, Zip Code						
-					Paterson, NJ 075	03					
Project Manager for Monitoring Firm	P	hone Numb	er		Telephone Number		License N		er		
					973-345-8020		01	169			
Start Date (10)	Sched. Complet	tion Date (11	1)		Name of OSHA Monito						
09/10/15	09/30/15				D & S Restoration Street Address	n, Inc.			_		
Occupancy Status During Abatemen				-1	20 California Ave	nue					
Facility closed/vacated during	entire period of abat				City, State, Zip Code	nuc				_	
Abatement performed outside Describe:	of normal facility hor	urs-			on, j, onaro, mp oodo						
Other-Describe: NORMAL H	OURS			_	Paterson, NJ 0750	03					
Scope of Work (check all that apply	/)	(*)				III Containment	w/negative r	ress	ure		
\boxtimes >3 sf or >3 lf	Renovation					ini-enclosure	J				
≥160 sf or ≥260 lf	Demolition					ovebag procedi		2 202			
Location of	Is location normally	used solely	1		L N	on-Exempted (*) and Non-ir	R	Proce	E	Т
asbestos-containing	by maintenance/cu staff(12)		1	on of as	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)			material ((Specify LF)	SF or	0	p a	c	C
acuted in radiinty (10)	Yes No	N/A						v e	i	р	-
BASEMENT	X		PIPE INSU	LATI	ON	120 l ft		Ň			
					1						
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler 13506		ubic Yards of V	Vaste	Name of Registered La						
City, State		Disposal D	yds.		TULLYTOWN, R	ESOURCE R	ECOVERY				-
PATERSON, NJ 07503		09/11/13			City, State TULLYTOWN, P	A					
Completed by (Print or Type)	Title		Signature		1022110111,1		Date				
BOGDAN JOLDZIC	PRESIDENT		and the second second second				08/26/1	5			
ASR-41	Do not use this form	for asbesto	s licensure exe	empted	activities.		1	-	-		

D&S Proj. #: 2015-303

ASB-41

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

Date of Notification (1)		Name of	Building Ow	ner/Operator (2)			2615 N	EP -/				
0 8 /2 4 /1 5		GORI	OON WILL	IAMS				-1 ,		/: ;	4	
Agencies Notified Type Notifica	ation	Street A		11.10			B. C. Sales	504 g				
EPA Initial Amended		375 15	SABELA A	VENUE						l'es	1	
Amendment #	¥:	City, Sta	te, Zip Code									
☑ DOL ☐ Emergency	/	IRVI	NGTON, N	J 07011								
DOH (including justification	,)	Name of				and the same of the same at the	Telephor	ne Number	r	13000		CONTRACT.
DCA Cancellation		GOR	DON WILI	IAMS				2202				
U Caricellatio)II	001			4.7101					_	_	
			FAC	CILITY INFORM	ATION	V	1					
Name of facility where abatement	is takin	g place (3)					Type of Facility	(4) ol (K - 12)				
GORDON WILLIAMS							=	apter 8 (O	ther t	nan K	-12)	
Street Address								(Private/C			/	
375 ISABELA AVENUE								/Homes, e			-l A	
City (5)	1 (County (6)			Cou	inty Code (7)	Square Feet	# of Floor	rs	ы	dg. A	.ge
ony (o)	`	odiny (o)				ite use only)	Current Use (P	rior if hein	a dem	olish	ed)	
IRVINGTON	2	ESSEX					Ourront Ooc (I	nor ii boiii	g don	011011	, ()	
Name of Monitoring Firm Hired by	Bldg. C	wner (8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
						20 California A	CANADA CA				-	
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring Fire	m		Phone Num	h =	_	Paterson, NJ 0	7503	TLicense	Niconali			
r roject Manager for Monitoring Fin	ш		Phone Num	ber		Telephone Number 973-345-8020			1169	er		
Start Date (10)	ICa	had Cama	lation Data (1			Name of OSHA Mor		1				
3 5	150	nea. Comp	letion Date (1	1)		D & S Restorat	ion, Inc.					
09/16/15		9/25/15				Street Address						
Occupancy Status During Abateme						20 California A						
Facility closed/vacated during Abatement performed outsid						City, State, Zip Code						
Describe: NORMAL NORMAL					_	Paterson, NJ 07	7502					
Scope of Work (check all that app					_	Faterson, NJ 0					_	
	7000	ration				H	Full Containment v Mini-enclosure	//negative	press	ure		
□ ≥160 sf or ≥260 lf	Demo					\boxtimes	Glovebag procedu	re				
			illy used solel	i.d			Non-Exempted (*)	and Non-f	friable I R	proc	_)
Location of asbestos-containing	by ma	aintenance/		·	n of o	obootoo containing	Amount		е	e	E n	E
material (acm) to be	staff(12)		material (sbestos-containing	(Specify S	F or	m o	p a	c a	n c
abated in facility (13)	Yes	No	N/A				LF)		v e	i	p	L
BASEMENT		X		PIPE INSU	LATI	ON	123 L FT		X			t
Registered Waste Hauler D' & S RESTORATION, INC.	N	IJDEP Hau 13506		Cubic Yards of V 2 yds.	Vaste	Name of Registered		COME	v		84	
Dity, State			Disposal I		-	City, State	RESOURCE RE	COVER	. 1			
PATERSON, NJ 07503			09/17/1			TULLYTOWN	, PA					
Completed by (Print or Type)	Title			Signature				Date				
BOGDAN JOLDZIC	PRES	SIDENT						08/24/	2015			

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

CK 00 6115

D&S Proj. #: 2015-301

ASB-41

							05/5						
Date of Notification (1)	Nai	me of Bu	ilding Own	er/Operator (2)			illi i	EP-1 3.3	7:53	i			
0 8 / 2 4 / 1 5	c	ARLOS	S TOME	1949				tu.					
Agencies Notified Type Notifica	Stre	eet Addre	ess				0.00		1.7451	ē.			
DEP Amended	2	81-283	3RD AVI	ENUE		10	(1-	1 12 541 28 1	11.5				
DOL Amendment #	: City	, State,	Zip Code										
Emergency	<u> </u>	PATER	SON, NJ	07503									
DOH (including justification)	Nan	ne of Co	ntact					Telephon	e Numbe	er			
DCA Cancellatio	11 .	CARLO	S TOME					30.					
			FACI	LITY INFORMA	ATION	1							
Name of facility where abatement	is taking place	(3)					T	ype of Facility (4) l (K - 12				
CARLOS TOME								=	apter 8 (0		han K	-12\	
Street Address							-		(Private/C			-12)	
281-283 3RD AVENUE							-		Homes,		RI	dg. A	ine.
City (5)	County	(6)			Cou	inty Code (7)	= '	Square reet	# 01 1100	115	, Di	ug. r	ige
						te use only)	-	Current Use (P	rior if beir	ng dem	nolish	ed)	
PATERSON	PASS						11.	70000012-000000 19-0000000 N. 1-2			10/11/11/10/10		
Name of Monitoring Firm Hired by	Bldg. Owner	(8)		ASCM No.	2.	Name of Abaten	nent Cor	ntractor (9)					12
						D & S REST	ORAT	ION, INC.					
Street Address						Street Address							
						20 Californi							
Dity, State, Zip Code						City, State, Zip C		9					
Project Manager for Monitoring Firm		LD	N.I I.		_	Paterson, N		3	103	N1 1			
roject wanager for wormoning Firm	1	Pr	none Numb	er		Telephone Numb 973-345-8			License)1169	per		
01-15-1/10	10					Name of OSHA	S3W20827.			71107			
Start Date (10)	Sched. C	Completi	on Date (11)		D & S Resto							
09/15/15	09/30/1					Street Address							
Occupancy Status During Abateme		0.00000-00				20 California	a Aven	ue					
Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode						
Describe: NORMAL F	HOURS				-1	Paterson, N	J 0750	3					
Scope of Work (check all that appl							☐ Full	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						Min	i-enclosure	·····				
≥160 sf or ≥260 lf	Demolition							vebag procedu n-Exempted (*)		-friable	proc	edure	a
Location of	Is location r			1				,,,,,,		R	R	Е	E
asbestos-containing	by maintena staff(12)	ance/cus	Isiboti			sbestos-containin	ıg	Amount	·	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	NI/A	material (/	ACM)			(Specify S LF)	or or	0	a	a	C
	1.00	140	N/A					N		e	r	р	
BASEMENT		X		PIPE INSU				110 L FT					
BASEMENT CRAWL SPACE		X		PIPE INSUI	LATI	ON		8LFT					
					-								
Ingistered Wests Haviley				li de la companya de	1			1600					
egistered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler	- SA	ubic Yards of W 19/16/15	vaste	Name of Regist		ndfill SOURCE RE	COVER	Y			
City, State			Disposal D		- 0	City, State		J J CACL ICE	JU TEN				
PATERSON, NJ 07503			09/17/1			TULLYTO	VN, PA	A					
Completed by (Print or Type)	Title	200000	-	Signature					Date				
BOGDAN JOLDZIC	PRESIDE								08/24	/2015	·		
ASB-41	Do not use t	nis form	tor asbesto	s licensure exe	empte	d activities.		_					

CK OUTHILD

D&S Proj. #: 2015-300

ASR-41

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

Date of Notification (1)	IIN	ame of Bu	uilding Owne	er/Operator (2)				20	15 SEP	[£ 14	7. 5	
0 8 /12 4 /1 5		PATRIC	IA SLAVI	IN .						ŧ.	51	<i>i</i> • ;	35
Agencies Notified Type Notificat EPA Initial	ion Si	treet Addr	ess					£i !	15-11	- 10 - 22 - 32		100	31
DEP Amended		17 GOD	FREY RO	AD				y scattle-section of the section of		ÛT K	7	C	<i>D</i> L.
Amendment #:	0	ity, State,	Zip Code										
DOL Emergency		MONT	CLAIR, N.	J 07042									
DOH (including justification)	Na	ame of Co	ontact					Telephon	e Numbe	r			
☐ DCA ☐ Cancellation		PATRI	CIA SLAV	'IN									
			FACI	LITY INFORMA	AOITA	l							
Name of facility where abatement is	s taking pla	ice (3)					П	Type of Facility (
PATRICIA SLAVIN								=	I (K - 12)		12	40)	
Street Address					_		-		apter 8 (C Private/C			-12)	
17.00000000000								Bldgs./	Homes, e	etc.		1	
17 GODFREY ROAD City (5)	I Coun	ity (6)			Cou	int. Codo (7)	- 1	Square Feet	# of Floo	rs	Bli	dg. A	ge
City (5)	Cour	ity (O)				nty Code (7) te use only)	11	Current Use (P	rior if bein	a dem	olishe	ed)	
MONTCLAIR	ESS	EX			Market	,,				g don			
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abateme	ent Co	ontractor (9)					
						D & S RESTO)RA	TION, INC.					
Street Address						Street Address							
Ch. Chata Zia Casia					_	20 California	-					-	
City, State, Zip Code						City, State, Zip Co		2					
Project Manager for Monitoring Firm		Ιp	hone Numb	er	-	Paterson, NJ Telephone Number		J3	License	Numb	er		
rejest manager for memoring runn			none rame	O.		973-345-80			The Art Commission	1169	C716		
Start Date (10)	ISched	. Complet	ion Date (11)	_	Name of OSHA M	/lonito	or					
	0.0000000000000000000000000000000000000		(<i>1</i> :		D & S Restor	ration	n, Inc.					
09/14/15 Docupancy Status During Abatemer	09/30	2002-2007			_	Street Address							
Facility closed/vacated during			ement.			20 California City, State, Zip Co		nue					
Abatement performed outside						City, State, Zip Co	Jue						
Describe: NORMAL H	OURS				-	Paterson, NJ	0750	03					
Scope of Work (check all that apply							Fu	ıll Containment v	v/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n				Ī		ini-enclosure					
≥160 sf or ≥260 lf	Demolition	1						lovebag procedu on-Exempted (*)		friable	proc	edure	à.
Location of			used solely				<u> </u>	T Zxomptou ()	and item	R	R	E	E
asbestos-containing	by mainte staff(12)	nance/cu	stodial			sbestos-containing	9	Amount	NF	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM)			(Specify S LF)	or or	0	a	а	C
	103	190	IN/A							e	r	р	_
BASEMENT BOILER		X		BOILER IN		ATION		46 SQ FT				닏	11
BASEMENT CHIMNEY		LX.		FLUE PIPE		manlaine		4 L FT			屵	片	井
BASEMENT CHIMNEY		LX		chimney thi	mble	packing		4 SQ FT			님	님	井
							-			ዙ	片	片	H
Registered Waste Hauler	NJDF	P Hauler	ID# I C	ubic Yards of V	Vaste	Name of Registe	red L	andfill		1			1
D & S RESTORATION, INC.	135			yd.				ESOURCE RE	ECOVE	RY			
DATERSON NI 07503		257-112	Disposal D 09/15/1			City, State	/NI T						
PATERSON, NJ 07503 Completed by (Print or Type)	Title		. 09/13/1.	Signature	_	TULLYTOW	N, F	A	T Date				
BOGDAN JOLDZIC	PRESID	ENT		- 3					08/24	/15			

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

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

D&S Proj. #: 2015

ARCHARD

Street Address Series Address Seri									9	escore				
Special Properties Special	Date of Notification (1)		Name of B	uilding Own	er/Operator (2)				L	id off	[21	7: 5	53
PA		tion	-			-			l'h					
Amendment #:		LIOIT	Street Addr	ess						211			1	IL.
Amandment F, Emergency (Including Justification) Calcar REDGE, NJ 07028 Telephone Number Cancellation Susan greffith Street Address State use only) Telephone Number State use only) State Jack Code County Code (7) State use only) State Use only State use only) State Use only Sta	□ DEP □ Amended	- 11	198 fore	st avenue						Sec. 12.11	1.73	-1751	ž.	
County Code (7) County Cod	Amendment #	· [City, State,	Zip Code										
Susan greffith Susa	Emergency	- 11	GLEN I	RIDGE, N	J 07028									
Susan greffith		1	Name of Co	ntact					Telepho	ne Numbe	er			
Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Subchapte	D DCA I	- 11	susan g	reffith					0==					
Susan greffith Street Address J98 forest avenue City (5) GLEN RIDGE ESSEX Name of Monitoring Firm Hired by Bidg, Owner (8) ASCM No. Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NI 07503 Pa		- 11			LITY INFORMA	MOITA	N							
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D & S RESTORATION, INC.				T	ASCM No.	_	Name of Abatem	nent Co	ontractor (9)					
Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Start Date (10) 99/23/15 10/16/15 Decupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NGRMAL HOURS Other-Describe: NGRMAL HOURS Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-8020 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Description of asbestos-containing alimin-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Location of asbestos-containing amaterial (acm) to be abated in facility (13) BASEMENT PIPE INSULATION 196 I ft PILL YTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 10/20/15 Signature Paterson, NJ 07503 Date 08/24/15		5	3.7		7100111110.		70.00 m / / / / / / / / / / / / / / / / / /							
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00/24/15			ENT		Signature				0		/15			
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D&S Proj. #: 2015-298

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Date of Notification (1)		Name of Bu	ilding Own	er/Operator (2)				APKE A		1	5 7	:52
0 8 /12 4 //1 5		BOB SII	LVER					Δ :-				
Agencies Notified Type Notifica	tion	Street Addr	ess					7.	, =		1 10	NUL
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Project Manager for Monitoring Firm	n	I Pr	none Numb	er		Telephone Number		License		er		
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abated in facility (13)	Yes	No	N/A				LF)		V	i	a p	L
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Completed by (Print or Type)	Title			Signature				Date				······································
BOGDAN JOLDZIC	PRESID	-		- P				08/24/	2015			
ASR-41	Do not us	e this form	ior asbesto	s licensure exe	mpte	activities.						

D&S Proj. #: 2015-293

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Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT Description of asbestos-containing material (ACM) PIPE INSULATION 31 I ft PRESIDENT Description of asbestos-containing material (ACM) N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) PIPE INSULATION Amount (Specify SF or LF) Amount (Specify SF or LF) P o a a a a c c c c c c c c c c c c c c c	≥160 sf or ≥260 lf	Demolition									friable	proc	edure		
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abated in facility (13) Yes No N/A PIPE INSULATION 31 1 ft PIPE INSULATION AND IN	50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ince/custoui	iai			sbestos-containing	g	1000 mm (200 mm)	For	100000	p	333	0.000	
BASEMENT PIPE INSULATION 31 lft		Yes	No	N/A	material (A	(CIM)				r oi	10.55	a	а	C L	
Registered Waste Hauler D & Cubic Yards of Waste 1 yd. Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Disposal Date O9/10/15 Signature Signature Date 08/24/15											е	r	b		
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 09/10/15 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 08/24/15	BASEMENT		X		PIPE INSUI	LATI	ON		31 l ft	-	X				
D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 09/10/15 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 08/24/15												<u> </u>	Ш	Ш	
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City, State Disposal Date City, State PATERSON, NJ 07503 09/10/15 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT Date 08/24/15				1000		asie				COVER	RY				
Completed by (Print or Type) Title Signature Date BOGDAN JOLDZIC PRESIDENT 08/24/15	City, State		Dis				The second secon	,				-		-	
BOGDAN JOLDZIC PRESIDENT 08/24/15			0	9/10/1:			TULLYTOW	/N, P	A						
00/24/15			īT		Signature										
				ashesto	s licensure eve	motec	Lactivities			08/24/	15				

D&S Proj. #: 2015-296		(Pursuant to NJAC 8:60 and 12:120)											
Date of Notification (1)	Name o	f Building Owr	ner/Operator (2))	uniterant dans on the second		Žula SE				a.		
Agencies Notified Type Notificati	on Street A	ottage road					F ., .,	.13 ²		ħ₫			
DOL Amendment #:	WYC	te, Zip Code CKOFF, NJ	07481										
DOH (including justification)	Name of kathy	Contact quevedo					Telephone	e Numbe	r	1			
	dudi.	FAC	ILITY INFORM	ATION									
Name of facility where abatement is	s taking place (3)					Т	ype of Facility (4	4) (K - 12)					
kathy quevedo							Subcha	apter 8 (C	Other th	nan K	-12)		
Street Address							Other (I Bldgs./h	Private/C Homes, e	omme etc.				
164 cottage road	T 0(0)					1 [Square Feet	# of Floor	rs	BI	dg. A	ge	
City (5)	County (6)			100000000000000000000000000000000000000	nty Code (7) te use only)	-	Current Use (Pr	ior if bein	g dem	olish	ed)		
WYCKOFF Name of Monitoring Firm Hired by E	BERGEN Bldg Owner (8)		ASCM No.	L ,	Name of Ahateme	nt Cor	atractor (9)						
	riagi o iiiioi (o)		ACCIVITYO.		Name of Abatement Contractor (9) D & S RESTORATION, INC.								
Street Address	Street Address												
City, State, Zip Code					20 California City, State, Zip Co	de	2						
Project Manager for Monitoring Firm	oer		Paterson, NJ Telephone Number			License	Numb	er					
					973-345-802			0	1169				
Start Date (10)	Sched. Comp	letion Date (1	1)	_	Name of OSHA M D & S Restor		Inc						
09/24/15	10/15/15				Street Address	ation,	me.						
Occupancy Status During Abatemen					20 California	Aven	ue						
Facility closed/vacated during Abatement performed outside Describe:					City, State, Zip Co	de							
Other-Describe: NORMAL HO	OURS			_	Paterson, NJ	07503	3						
) Renovation Demolition				[[[[Min Glo	Containment wai-enclosure vebag proceduren-Exempted (*)	e			edure		
Location of	Is location norma		у		-				R	R	Е	E	
asbestos-containing material (acm) to be abated in facility (13)	by maintenance/ staff(12)		Description material (sbestos-containing		Amount (Specify SI LF)	F or	m o	e p a	n c a	n c	
abated in radiity (10)	Yes No	N/A	7 11						v e	i	р	L	
BASEMENT	X		PIPE INSU	ILATI	ON		75 1 ft		X				
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			1						片	片	片	H	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		Cubic Yards of \ 1 yd.	Waste	Name of Register TULLYTOW			COVER	.] <u> </u>			I	
City, State PATERSON, NJ 07503		Disposal I 09/25/1	Date		City, State			JJ , LI			-		
Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT Signature					TULLYTOW	N, PA	1	Date 08/24/	2015				
	empted	d activities.			00/24/	2013							