NO CK

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

Page 1

Date of Notification (1) 9/8/2014		Name of Building Owner/Operator (2) The DeNovo Group															
Agencies Notified	Type Notification		1 7	Street Address 1302 West Randolph Street								- 31					
EPA DEP DOL	Initial Amended Amendment #		City, State, Zip Code Chicago, IL 60607						AUDIO DE TREE								
DOH DCA	Emergency (in justification) Cancellation	ncluding	- 1	lame of rodd K	Contact (ing			Telephone Number									
				FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC						Type of Facility (4) School (K-12) Supply anter 8 (Other than K-12)						2)					
Street Address 760 Jersey Ave							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) New Brunswick						-5000		310,0				6	Bldg. Age 68 yrs				
County (6) Middlesex					ode (7) ISE ONLY)				t Use (Prior trial Ware			shed)					
Name of Monitoring Firm Amereco Engineeri						ne of Abatement Contractor (9) oreline Contracts Inc.											
Street Address 204 E. Jefferson St					Street A												
City, State, Zip Code Valparaiso, Indiana						State, Zip Code rlstadt, NJ 07072											
Project Manager for Mor John Blosky	1	elephor 219) 5	ne No. 31-0531	1	100000000000000000000000000000000000000	elephone No. License No. 01230											
Start Date (10) 06/30/2014	Comp						ne of OSHA Monitor Djciech Michalik										
Occupancy Status Durin	!)	I - □ □ □ □					et Address										
Facility Closed/Vac Abatement Perform	ated During Entire P	eriod of At	ateme	ement City,				Kero Road State, Zip Code									
Other – Describe:		Carl					rlstadt, New Jersey 07072										
Scope of Work (Check A	II That Apply)	111000000000					_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovati emolitio	alition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		T						NUI	-Exempled	T and redire that			Abatement				
		100	ocation or mally	2000			energia a en a e en ence						Туре				
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Used Mair Custo	Solely itenan idial St (12)	y by ce/	Descriptio Asbestos Containing (i.e. thermal system surfacing, V. other miscella			ng Material (ACM) tems insulation, , VAT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A		Floor	L Til.			12,000 SF			0	-			
office/mezza		X								800 SF		x	-	-	-		
office/mezza		X					site Pa	-				x		-	-		
office/mezza	nine area	X			<u></u>		Insulat	ion			00 LF	x	-				
office Area x							Mastic						x				
Name of Registered War Asbestos Transporta	25900	JDEP W auler ID		of Was 485.1		Name of Registered Landfill Cycle Chem, Inc.											
City, State Shirley, NY					Disposal Date City, State 05/30/2014 Elizabeth, NJ												
Completed by Michael Colman	85	Title President				S	Signature	\nearrow	()			ate 9/8/20	14				

NO CK

Print Form

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

Page 2

Date of Notification (1) 9/8/2014				Name of Building Owner/Operator (2) The DeNovo Group													
Agencies Notified		Notification		1 3	Street Ad 1302 V	ddress Vest Rar	ndolph	Stree	t 2014 SEP 10 A			O AH	H 7: 37				
DEP DOL	×	Initial Amended Amendment				te, Zip Coo jo, IL 60			Augustin								
DOH DCA	_	Emergency (justification) Cancellation		1	Name of Contact S							C Telephone Number					
					FACII	LITY INFO	RMATIC	N	T		-						
Name of Facility Where Abatement is Taking Place (3) DeNovo New Brunswick, LLC										Type of Facility (4) School (K-12)							
Street Address 760 Jersey Ave						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5) New Brunswick									Square 310,0	000	1	Floors	6	ldg. A 8 yrs	-		
County (6) Middlesex					County Code (7) (STATE USE ONLY)					nt Use (Prior strial War		원래의 집중요하는 그리는 성	hed)				
Name of Monitoring Firm Hired by Building Owner (8) Amereco Engineering					ASCM	No.				ement Cont Contracts		(9)					
Street Address 204 E. Jefferson Street									Address ero Ro	33							
City, State, Zip Code Valparaiso, Indiana 46383								Service of the servic	y, State, Zip Code arlstadt, NJ 07072								
Project Manager for Monitoring Firm John Blosky					Telephor (219) 5	ne No. 331-0531	1		elephone No. License No. 01230								
Start Date (10) Scheduled Co 06/30/2014 09/30/2014					omplotion Date (11)				ame of OSHA Monitor Vojciech Michalik								
Occupancy Status During Abatement (Check Only One))	Stree					eet Address							
Facility Closed/Vacated During Entire Period of Abate				atem	ement					Kero Road , State, Zip Code							
Other – Describe:					Carlstadt, New Jersey 0							7072					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ii i nat	Арріу)	-		vation olition					Containme i-Enclosure vebag Proci i-Exempted	edure	_			e.		
	-								1401	Lxcilipted	() an	3 110111110	1	May be a	ement		
			12.000	ocation or mall										Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Main Custon			Sole! tenar	ly by nce/		tos Conta thermal surfac	system sing, VA	Material (ACM) ns insulation,		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
D 6			Yes	No	N/A			Mastic	46.00			000 SF	x		Ф		
Roofin	ng		X				- N	viastic	stic 46,00			000 31		-			
														L			
Name of Registered Waste Hauler			1855000	JDEP W auler ID		Cubic of Was	te	ds Name of Registered Landfill Cycle Chem, Inc.									
Asbestos Transporta	auon '	сопрапу,	INC.		485.19												
City, State Shirley, NY					Disposal Date 05/30/2014				14 Elizabeth, NJ								
Completed by Michael Colman			Title Presid	t Signatur				e///	1		1.000	ate 9/8/20	14				

CK 006346

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

D&S Proj. #: 2014-359

ASB-41

Name of Building Owner/Operator (2) 2014 SEP 10 AM 7: 34 Date of Notification (1) 10 19 1/10 14 1/11 14 DAVID CANON Agencies Notified Type Notification & LICENSING Street Address 🔀 Initial EPA 520 TILDEN AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency TEANECK, NJ 07666 (including DOH. Telephone Number Name of Contact justification) ☐ DCA DAVID CANON Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) DAVID CANON Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 520 TILDEN AVENUE Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) BERGEN **TEANECK** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 09/16/14 09/29/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure X Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Ε Location of е e by maintenance/custodial n asbestos-containing Amount n Description of asbestos-containing m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a a LF) abated in facility (13) Yes No N/A 0 PIPE INSULATION 130 l ft 図 BASEMENT/CRAWL SPACE Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 2 YDS Disposal Date City, State City, State 09/17/14 TULLYTOWN, PA PATERSON, NJ 07503 Completed by (Print or Type) Signature Date Title 09/04/14 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

CK 006345

State of NJ

D&S Proj. #: 2014-358

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

Date of Notification (1)	1 14 1	- 11		7	r/Operator (2)			2014 SEP 10	6 4 7.	Ç 1					
Agencies Notified Type Notification			IKE MI						711 /-	V i					
☐ EPA ☑ In	itial	1100						A	10 T.	\cap 1					
_ DEF	mended		80 RUTHERFORD PLACE City, State, Zip Code												
M DOI	endment #:	- 11	ony, state, 2p odd												
	mergency ncluding			Y, NJ 070)32		THE SECOND CO.	I Talanhana	Number		-		-		
	stification)	Na	me of Con	tact	relephone	one Number									
DCA C	ancellation		MIKE M	IISDEA											
				FACIL	ITY INFORMA	NOITA									
Name of facility where a	batement is t	aking plac	e (3)					Type of Facility (4	·) (K - 12)						
MIKE MISDEA								Subcha	pter 8 (Ot	her th	an K-	12)			
Street Address								Other (F	Private/Co	mmer					
80 RUTHERFORD	DI ACE								lomes, etc		Blo	lg. A	ае		
City (5)	TLACE	Count	y (6)	***,		Cour	nty Code (7)	oquare i çot	. 011 10010			J .			
Oily (b)			, , ,				e use only)	Current Use (Pri	Prior if being demolished)						
KEARNY		HUI	OSON												
Name of Monitoring Firm	n Hired by Blo	ig. Owner	(8)		ASCM No.		Name of Abatement	t Contractor (9)							
							D & S RESTOR	RATION, INC.							
Street Address						-11	Street Address								
						_	20 California A								
City, State, Zip Code							City, State, Zip Code								
							Paterson, NJ 0	7503							
Project Manager for Moni	Ph	one Numbe	er		Telephone Number		License Number 01169								
				7.00			973-345-8020 Name of OSHA Mor		- 01	109					
Start Date (10)	Completio	on Date (11		\neg	D & S Restorat										
09/18/14		09/29	/14				Street Address	ion, me.		-					
Occupancy Status During	Abatement	_					20 California A	venue							
Facility closed/vaca	ated during er	ntire perio	d of abate				City, State, Zip Code								
Abatement perform	ned outside of	f normal fa	acility hour	rs-											
Describe:	NORMAL HO	URS				_	Paterson, NJ 0	7503							
Scope of Work (check a								Full Containment w	negative	press	ure				
		Renovation	1					Mini-enclosure							
>160 sf or >260 lf		emolition					×	Glovebag procedur Non-Exempted (*)		riabla	nroce	dure			
			normally	used solely				Non-Exempled () a	and North	R	R	E	1		
Location of asbestos-containing	ng t	oy mainter	nance/cus		0.000	on of a	sbestos-containing	Amount		e m	e	n	E n		
material (acm) to b		staff(12)		_	material (9	(Specify S	For	0	a	c a	C		
abated in facility (1	(3)	Yes	No	N/A				",		v e	i	p	-		
BASEMENT			X		PIPE INSU	LATI	ON	86 L FT		X					
	Ī														
Registered Waste Hauler			P Hauler		ubic Yards of V	Vaste	Name of Registere	d Landfill	001777	~					
D & S RESTORATION	ON, INC.	135	06		YD			, RESOURCE RE	COVER	Y					
City, State	7502			Disposal D 09/19/1			City, State TULLYTOWN	JDA							
PATERSON, NJ 07		Fielo		03/13/19	Signature		TULLTIOWN	ν, 1 Δ	Date						
Completed by (Print or T BOGDAN JOLDZIO		Fitle PRESIDI	ENT		J.g. raturo				09/04/	14					
				for schoots	e licaneura av	amnta	d activities								

150-02

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

CK 57520

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)							
9//	14			Virt	ua			2014 SEP	10	AH T	7: j	G		
Agencies Notified Type Not	ification			Street Address										
⊠ EPA ⊠ Initial	3.2.1			20 S	20 STOW ROAD SUITE 3									
☑ DOLWD ☐ Amen ☑ DHSS Amen		City, S												
□ DCA □ Emer	and the second of the second		,	MAF	MARLTON, NJ. 08053									
(NJAC 5:23-8) justification)					of Contact	t		Telephone Nu	mber					
☐ Cance	ellation			PAT	GIORD	ANO								
				FAC	ILITY IN	FORMATION	- 7 - 1150 / 15							
Name of Facility Where Abatement	is Taking	Place	(3)				Type of Facility ((4)						
Former American Consignn	nent Fu	rnitur	e Sho	p/Bind	der Bldg		☐ School (K-12) ☐ Subchapter 8 (Other than K-12)							
Street Address							☐ Subchapter 8	ivate and comm	12) nercial bu	uildina	S.			
165 Route 73							homes, etc.)							
City (5)				- 5			Square Feet	# of Floors	BI	Bldg. Age				
Voorhees							>50,000	5		40				
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)					
Camden							Vacant							
Name of Monitoring Firm Hired by Building Owner (8)				ASCM I	No.	Name of Abateme	ent Contractor (9)							
VERTEX ENVIRONMENTAL				DELTA/BJDS	, INC									
Street Address						Street Address								
700 TURNER WAY, SUITE 1	05					1345 INDUST	RIAL BLVD.							
City, State, Zip Code				_		City, State, Zip Co	ode							
ASTON, PA 19014						1	TON, PA 18966							
Project Manager for Monitoring Firm	n		Tele	phone I	No.	Telephone No.	License No.							
DON HEIM	130000000	10 558-		215 322-2900	î	00783								
Start Date (10) Scheduled Comple						Name of OSHA M				254163				
09 / 22 / 14		/		CRITERION I										
Occupancy Status During Abateme	one)			Street Address										
☐ Facility Closed/Vacated During I	ntire Pe	riod of	Abate	ment		3370 PROGR	ESS DRIVE							
Abatement Performed Outside of					cribe	City, State, Zip Co	ode							
Time of Abatement: 7AM	_PM/	РМ	- <u>12</u> AN	Л		BENSALEM,	PA 19020							
Scope of Work (Check all that apply	/)					M.E. # 0	4-1 4 ith NI							
☐ >3 sf or >3 lf		⊠ Re	enovati	ion		☐ Mini-End	tainment with Neg closure	gative Pressure						
⊠ ≥160 sf or ≥260 lf			emolitic			☐ Gloveba	g Procedure empted (*) and Non-Friable Procedure							
Streetstart in the control of the co						☐ Non-Exe	empted (*) and No	n-Friable Proce						
		1 37	S Local Norma					At	atem	ent T				
Location of Asbestos-Containing Material (A	CM		ed Sole		Asha	Description of estos Containing Ma		Amount	Re	Repair	En	Enclosure		
TO BE ABATED	(CIVI)		aintena			e., thermal systems	insulation,	(Specify	Remova	pair	cap	clos		
IN Facility		Cus	todiai (12)	Staff?		surfacing, VAT other miscellane		SF or LF)	l a		Encapsulate	ure		
(13)		Yes No			1	Other miscenarie	ous)				ē			
PLEASE SEE ATTACHED		П		N/A						lп	П			
TELAGE GEL ATTAGILED		H	-	-					_	1				
						25 2002 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100				┞╜		ш		
Name of Registered Waste Hauler			1	JDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill	7000	1	190000			
SERVICE TRANSPORT GRE				lauler II	O No.	Waste	MINERVA							
City, State				20990)	Disposal Date	City, State							
58 PYLES LANE, NEW CAS	TLE. DE	1972	20			S.Sp.Jour Dato	WAYNESBURG, OH 44688							
The state of the s	Title					Signature		, , , , ,	Date ,					
Completed By (Print or Type) DAMIAN LAVELLE		e ROJE	CT N	ICP		Signature	/.	000	91	9	IL	L		
	P	KUJE		IGK		Jan	in Ja	rell	- 1	-	1	<u> </u>		
ASB-41 MAY 11		Do no	t use t	his form	for asbes	tos licensure exem	oted activities.		1		1			