NO CK

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

Date of Notification (1) 9-15-14	λ-		Name of Building Owner/Operator (2) Dupont Nemours Company Street Address 2014 SEP 17 AM 3: 23											
Agencies Notified	Notific	cation Type	1	Street Ad	dress			2514	SEP 17	AM	3: [9		
⊠ EPA	☐ Ini	itial		Rt 130 Sc	outh									
☑ DEP ☑ DOL	⊠ Ar	nended		City, State Deepwate					& Lice	U.	1 3	1.		
☑ DOH ☐ DCA	J	nergency (Including ustification) ancellation	9	Name of Bryan N	200				Telepho					
				FACIL	ITY IN	NFORM	ATION							
Name of Facility Where A Chamber Works Plant	bateme	ent is Taking Place	(3)					Type of Facili						
Street Address Rt 130 South								School (K-	er 8 (other the private & co			ildir	ngs,	0100000
City (5) Deepwater				VIII				Square Feet	# of Flo	ors	Ble	dg.	Age	:
County (6) Salem		been united to the second of t				unty Co	de (7) (STATE ')	Current Use (prior if being	demoi	ished)		-
Name of Monitoring Firm Harvard Environmer		by Bldg. Owner (8)		ASCM No	o.		of Contractor (9) ty Environmer	ntal						
Street Address 761 Pulaski Hwy				V			Address New Churchma	ans Rd.			,			
City, State, Zip Code Bear, De						New	ate, Zip Code Castle, DE 19	720						
Project Manager for Mon Wesly Morrison	itoring F			ione No. 326-2333	3		one Number 322-8946		License 00578		er	5,150	h.com/s	
Scheduled Start Date (10 1-2-14	pletion	n Date (11)		of OSHA Monitor ty Environmer	ntal (14-003A)							
Occupancy Status During	Abate	ment (Check only o	one)											-
☐ Facility Closed/Vacate				ours - City, State, Zip Code							-34-36, 36			
Other – Describe: Und Scope of Work (Check al						New	Castle, DE 19	720				_		
	i iliai a	opiy)		☐ Full Containment with Negative Pressure										
$\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$				 ☑ Renovation ☑ Demolition ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 							ire			
				Is Location	n	T		Ab				Abatement Type		
				Normally			Description					<u> </u>		
Locati				sed Solely	ce/		stos Containing No. thermal systems	insulation,	Amou (Spec	ify	R	_	Enc	Щ
Asbestos-Containi TO BE A	BATE	2	100	Custodial Staff?	L.		surfacing, VA other miscellar		SF or	LF)	Remova	Repair	Encapsulate	Enclosure
IN Facil	щ (13)		Yes	(12)	N/A						<u>a</u>		late	Ге
Thermal Systems				×		Thern	nal coverings thro	ughout area	12,000LF		X	X	X	
Roofing/Siding	Roofing/Siding					Roof	and siding through	nout area	6,100SF		Х			
Floor Tile /Mastic	L	JDEP Was			tile and mastic thr		3,415SF		X					
Name of Reg. Waste Hau S&J Transport.	IC	DEP Was D No. 3217	ме па	uler	Waste >30	Constoga	eg. Landilli	andfill						
City, State Woodstown, NJ				Disposal Date TBD	City, State Morgantow	m, PA								
Completed by Evelyn Walsh	Tit	le fice Manager					Signature		Date 9-15-14					

CK00.6364

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

D&S Proj. #: 14-368

								2011									
Date of Notification (1)			0 5	vner/C	Operator (2)	-92-31		A SEP /	7.	- 44	2						
Agencies Notified Type Notifica	tion	Cora Ch						Α, ,	AM	٥			Age				
EPA Initial	uon	Street Addr	ess					& LICE		ζ.	4						
DEP Amended		931 Flor	ra Street					~ LICE	10 1								
Amendment #	:IF	City, State,	Zip Code						Jus G	. A.							
DOL ☐ Emergency		Elizabe	th, NJ 07	7201													
DOH (including justification)	1	Name of Co	ntact					Telephon	e Numbe	r							
DCA Cancellation		Cora Cl	herry					1									
				CILIT	Y INFORMA	TION		 -									
Name of facility where abatement	is taking p	lace (3)			-	-		Type of Facility (4)								
		303							I (K - 12)								
Private Residence		4	-						apter 8 (C			-12)					
Street Address									Private/C Homes, e		rcial						
931 Flora Street									# of Floor		Ble	dg. Ag	ge				
City (5)	Cou	inty (6)				Cou	nty Code (7)										
							te use only)	Current Use (P	rior if bein	g dem	olishe	ed)					
Elizabeth	100000	ion															
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		AS	SCM No.	\neg	Name of Abatement	Contractor (9)					-				
						_	D & S RESTORA	RATION, INC.									
Street Address						71	Street Address	######################################			200	10.00					
						_	20 California Av	re.									
City, State, Zip Code							City, State, Zip Code										
						_	Paterson, NJ 07:	503									
Project Manager for Monitoring Firm	1	PI	hone Num	nber		-11	Telephone Number		License								
							973-345-8020		0	1169							
Start Date (10)	Sched	d. Completi	on Date (11)			Name of OSHA Moni										
9/24/14	9/26	/14				- 11	D & S Restoration Street Address	on, Inc.									
Occupancy Status During Abatemer			-			- $ $											
Facility closed/vacated during			ement.			-	20 California Avenue City, State, Zip Code										
Abatement performed outside						Ш	3.15, State, 24 5000										
Describe: NORMAL H	IOURS	-				-11	Paterson, NJ 07:	503									
Scope of Work (check all that apply						ш	Full Containment w/negative pressure										
\boxtimes >3 sf or >3 lf	Renovation	nn.					- Comments	Mini-enclosure	megative	pross	uic						
	Demolitio						⊠	Glovebag procedu									
			unad sal-	ah d			Ш	Non-Exempted (*)	and Non-	friable TR	proce						
Location of asbestos-containing		n normally enance/cus		=iy			4	Amount		e	e	E n	E				
material (acm) to be	staff(12)			_	Description material (A		sbestos-containing	(Specify S	F or	m	р	С	n				
abated in facility (13)	Yes	No	N/A					ĹF)		V	a i	a p	Ĺ				
Document			1	D:	ipe Insulation	on		62 LF		e	r	-	 				
Basement		LX.	4	4	pe msurati	OII		UZ LF		12	무	片	쓔				
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Registered Waste Hauler	INID	EP Hauler	ID# T	Cubic	Yards of W	aste	Name of Registered	Landfill		<u> </u>	Ш	Ш	ഥ				
D & S RESTORATION, INC.		506	.5"	2 C		2010	TULLYTOWN,		COVER	RY							
City, State			Disposal	Date		City, State											
PATERSON, NJ 07503			10	/01/1	.4		TULLYTOWN,	PA									
Completed by (Print or Type)	Title		-	Si	ignature			7	Date	101	- 10						
BOGDAN JOLDZIC	PRESID			_					9/12/1	4							
ACR M1	Do not us	e this form	for ashes	stos lic	censure exer	motec	activities										

CK 006360

State of NJ

Notification of Asbestos Abatement D&S Proj. #: 14-363 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10 19 1/11 1/11 1/14 Michael Mascott Agencies Notified Type Notification Street Address 🔀 Initial ☐ EPA 22 Kinderkamack Road Amended ☐ DEP City, State, Zip Code Amendment #: M DOL Emergency Westwood, NJ, 07675 (including DOH. Name of Contact Telephone Number justification) ☐ DCA Micheal Mascott Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Commercial Property Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 22 Kinderkamack Road Square Feet Bldg. Age # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Westwood Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 9/22/14 9/24/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Ε е by maintenance/custodial е n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) C 0 a а LF) abated in facility (13) Yes No N/A V Chimney Pipe Insulation 18 LF Attic X

Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 CY TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State

Date

9/11/14

9/30/14 PATERSON, NJ 07503

TULLYTOWN, PA Signature Completed by (Print or Type) Title

BOGDAN JOLDZIC PRESIDENT CK006363

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 14-367 (Pursuant to NJAC 8:60 and 12:120)

Paterson, NJ 07503 Telephone Number 973-345-8020	D&S Proj. #: 14-367			(Pursi	uant to NJA	C 8:60	and 12:120)			1, =1	2).						
Bound Brook Same of Contact Select	Date of Nielification (d)		lame of	Building Own	ner/Operator (C	2)	***************************************				ed man		w. I	<u> </u>			
Bound Brook Same of Contact Select		- 11		\$ h	iei/Operator (2	-)			201	1 SEP	17	AM	2. 4	30			
Bound Brook Same of Contact Select									A	207.	<i>r</i>		-				
Bound Brook Same of Contact Select	_ _ Amended				Street					& IIG	3 L	()	1.0	_			
Sound Brook Name of Contact Kelly Clark	IXI DOI I—	°	570	B 22.0				4				11.6					
DCA Cancellation	Emergency		_	The second name of the second	08805				Talanhona	Number		-					
Substitution Facility (A) School (F12) Substitution S	justification)								relephone	Number							
Name of facility where abatement is taking place (3) Private Residence Street Address 36 West Franklin Street City (5) Somerset Name of Monitoring Firm Hired by Bilg. Owner (8) Somerset Name of Monitoring Firm Hired by Bilg. Owner (8) Street Address 20 California Ave. City, State, zip Code Peterson, NI 07503 Telephone Number 972-3/14 Start Date (10) 923/14 Somer-Describle: Ober-Describle: Ober	Cancellation	1 -	Kelly	Clark					<u> </u>		_			_			
School (f - 12) Subchapter 8 (Other than K-12) Subchapter 9	<i>i</i>			FAC	ILITY INFORM	NOITAN											
Stochapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Stochapter 8 (Other than K-12)	Name of facility where abatement i	is taking pla	ace (3)					Туре									
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Square Feet For Floors Bidg. Age	Street Address								Other (I	Private/Co	mme						
City (5) Bound Brook Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Facility Closed/vacated during entire period of abatement. Abatement Performed outside of normal facility hours- Screet Address 20 California A ve. City, State, Zip Code Paterson, NI 07503 Telephone Number Phone Number Paterson, NI 07503 Telephone Number Paterson, NI 07503 Telephone Number 973-345-8020 01169 Name of RAH Monitor D & S Restoration, Inc. Street Address 20 California A ve. City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-8020 Outlease N	36 West Franklin Street							Sau				Blo	ig. Ag	je			
Bound Brook Somerset Somer		Cour	nty (6)			Cour	nty Code (7)										
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Telephone Number Telephone Number Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Normal Hours Assert Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Normal Hours Describe: Normal Versus Amount (Specify SF or on p p c c constaining material (acm) to be abated in facility (13) Passement Basement Description of asbestos-containing material (ACM) Pipe Insulation Registered Waste Hauler Amount (Specify SF or on p p c c constaining material (ACM) Pipe Insulation Registered Waste Hauler Assert City, State PATERSON, NJ 07503 Non-Exempted (*) and Non-friable procedure Description of asbestos-containing material (ACM) Non-Exempted (*) and Non-friable procedure Description of asbestos-containing material (ACM) Registered Waste Hauler Amount (Specify SF or on p p c c constaining material (ACM) Pipe Insulation Registered Waste Hauler Assert City, State PATERSON, NJ 07503 Title PATERSON, NJ 07503 Pipe Insulation Signature Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable pr						(Stat	e use only)	Cur	rent Use (Pr	or if being	g dem	olishe	d)				
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City, State, Zip Code Patersson, NJ 07503 Telephone Number Start Date (10) 9/23/14 Sched. Completion Date (11) 9/23/14 Cocupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Scope of Work (check all that apply) S 3g for > 3g if Renovation Location of asbestos-containing material (acm) to be abated in facility (13) Basement S Description Basement S Description S S Cubic Varios of Waste Basement S S Cubic Varios of Waste Basement S S Cubic Varios of Waste Basement S S City, State, Zip Code Name of OSHA Monitor D & S Restoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Street Address City, State, Zip Code Date Sectoration, Inc. Date State State State Date State State State State State Date State State State State State State State State State	Street Address		-					CTTO.	1, 1110.								
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Project Manager for Monitoring Firm	City, State, Zip Code																
Start Date (10) Sched. Completion Date (11) 9/23/14 9/26/14 Cocupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) 2 sto rs 2 if Renovation Location of asbestos-containing material (acm) to be abated in facility (13) Basement Basement 9/26/14 Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Paterson, NJ 07503 Description of asbestos-containing material (acm) to be abated in facility (13) Basement Pipe Insulation 83 SF Pipe Insulation Registered Waste Hauler D & S RESTORATION, INC. NJDEP Hauler ID# JSG06 Signature O1169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State PATERSON, NJ 07503 O1169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State Paterson, NJ 07503 Description of asbestos-containing (Specify SF or n n n n n n n n n n n n n n n n n n	Decises Manager for Manager for Fire			D. N.		_		07503									
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Scope of Work (check all that apply)	Describe:		facility h	ours-													
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Basement Pipe Insulation 83 SF	material (acm) to be	5000					sbestos-containing		20.000	For	0	0.5	12.53	1			
Registered Waste Hauler D & S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Disposal Date 10/1/14 TULLYTOWN, PA Disposal Date TULLYTOWN, PA Date PRESIDENT DA	abated in facility (13)	Yes	No	N/A					_,,			i r	р				
D & S RESTORATION, INC. 13506 3 CY TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/1/14 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 9/12/14	Basement		X		Pipe Insul	ation		83	3 SF		X			旦			
D & S RESTORATION, INC. 13506 3 CY TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 10/1/14 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 9/12/14					<u> </u>						H	ᆜ	片	ዙ			
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PATERSON, NJ 07503 10/1/14 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 9/12/14			06					N, RESC	OURCE RE	COVER	Y			-			
Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT Signature Date 9/12/14								N, PA									
	Completed by (Print or Type)	120 CC 120 CC			Signature		L		100					-			
				m for achas	toe licensure o	vemnto	1 activities			9/12/1	4		-				

CK 1628

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

, ·	200 5 8 2 30 540		Alama of Da	idefiner (Muner/Operator	2)	n. liden	TIL		- Control						
Date of Notification (1) 2014 SEP	日出居 22/	4	MET	UC	ING OWNER OPERATING AUTHORNIY											
Agencies Notified	Type Notification		Street Add	ress P	RRL	ST.	2014 SEP 17	AM in		_						
DEPA ALLES!	Minited OL		2				2840		4.2							
M DOT % []	Amendment#	uding			HEN	1 1	Telephone Mumber	- 17	11	=						
□ DOH	justification) Cancellation		Name of C		PUA CK			-		_	Arms					
□ DCA					RMATION											
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility (4					-					
Technic of Carry						R sedender R	(Other than K-12) vate & commercial t	uildinos	S.							
Street Address 5 2	INN	PLA	LCE			homes, etc.)	# of Floors	Bldg.			-					
City (5) 11/1 = 7	VULEN	N.	1. 0	282	340	Square Feet 2500	2 FLOOKS		บั							
		17 0	County C	code (7	STATE		or if being demolished	ed)								
	DLESER		USE ON		Nome of Ahales	mount Contractor (9)			.,	_	1					
Name of Monitoring Fir	m Hired by Building O	wner	ASCM No.		BRIC	CKIND	USTRIES		NO	<u>, </u>	4					
(8) Street Address					Street Address	NATIC	K TR	٠								
				-	City State, Zip Code /// 0877											
City, State, Zip Code					Telephone No. License No.											
Project Manager for M	lonitoring Firm	Te	elephone No.		132-899-1499 01196											
Died Date (10)	Scheo	iuled Com	Name of OSH	Monitor	2 0 10 mg											
G-25-14 10-1-14																
Occupancy Status De	uring Abatement (Checated During Entire Pe	ck only one wind of Aba	e) niement	, -							4					
☐ Facility Closed/Val	ned Outside of Norma	I Facility H	DUES		City, State, Zip	Code					_					
Other - Describe:						and the Nie	mating Draceting									
Scope of Work (Cher	al that appry)	Reno	estion.		Mini-I	Containment with Ne Enclosure	STATE L. 1000min									
	t	Demo	lion		Glow	abag Procedure Exempted (*) and N	on-Friable Procedur	e as	atem	ent	\dashv					
		IsLoc		-				A	Туре							
Locati	on of	Nom Used S	olely by	Acho	Description stos Containing I	Material (ACM)	Amount			9	m					
Asbestos-Containi	ng Material (ACM) BATED	Mainte Cust Sta	odial	(i.e	thermal system surfacing, V	ns insulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure					
IN Fa	city	(1	2)		other miscella	neous)		¥a.	=	ulate	lle					
		Yes	No N/A				2100 SF	1	\dashv	\dashv	-					
SIDIN	G		V	11	RANSI	TE	2100 31	+	十	一						
								\top								
		-	+													
Name of Registered	i Weste Hauler		NJDEP V	Vaste	Cubic Yards of Waste /	Name of Re	egistered Landfill									
BRICK	Waste Hauter NDVS17R	163 11	W 276	02	Disposal Da	_	000				_					
City State	M.1.				10-1-	14	PA			_						
Completed By	11	PRE	-		Signatu	Affects	Date	2-12	2 -	14	_					
ERICI	DLACKIS_	IRE	7.			MA CERY C				-/-						

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

CK # 9065

Date of Notification (1) APP-25-14	Name of Building O	wner/Operator (2)	it Ventures
Agencies Notified Type Notification	Street Address 7	Ol Cooper Ro	ad
DER LICE DAMENDED	City, State, Zip Cod		IT 08043
DOL Amendment # Emergency (inclusion)	iding Name of Contact	VOOKTIEES 10	Telephone Number
□ DCA □ Cancellation	FACILITY INFO	MATION DY	
Name of Facility Where Abatement is Taking Pla	ace (3)	Type of Facility (4)	
Street Address	- CF Olay.	☐ Subchapter 8 (Other than K-12) ate & commercial buildings, homes,
City (5) Block 28 L	010	etc.)	# of Floors Bldg. Age
Woolwich	County Code (7)	Current Use (Prior in	f being demolished)
County (6) Gloucester	(STATE USE ONLY)	- Shed/H	buse Type of Biolig
Name of Monitoring Firm Hired by Building Own	er (8) ASCM No.	Name of Abatement Contra	nologies Inc
Street Address Box 33	7	Street Address R.O. Box 3	37
City, State, Zip Code	T 0853	City State, Zip Code	L ALT 08533
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 204
Start Date (10)	609 758-3 heduled Completion Date (11)	Name of OSHA Monitor	
9-25-14 Occupancy Status During Abatement (Check O	9-26-14	EPC Tech	nologies Inc
Facility Closed/Vacated During Entire Period	od of Abatement	P.O. BOX	337
Abatement Performed Outside of Normal F Other – Describe:	acility Hours	City, State, Zip Code New Egypt	NJ .08533
Scope of Work (Check All That Apply)			100
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	☐ Mini-Enclosure ☐ Glovebag Process	with Negative Pressure
	Is Location		Abatement
Location of	Normally	Description of	Type.
Asbestos-Containing Material (ACM)		os Containing Material (ACM) hermal systems insulation,	Amount Specify 275
TO BE ABATED In Facility	*Custodial Staff?	surfacing, VAT, or	Enclosure Enclosure Enclosure Enclosure Repair Removal
(13)	(12)	other miscellaneous)	ulate val
	Yes No N/A		
Roof	× TRUT	site Roof Stringles	400 SF X
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	-518feeds	gistered Landfill
EPC Technologies	17000	Disposal Date City, State	Management of PA
1000 0 100	5	9-25-14 Mornis	suille PA
Steve Schenker	Pikesident	Signature School	Date 9-15-14

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

Date of Notification (1)			Name of Building Owner/Operator (2)														
Septem	nber 15, 2014		E	vonik (Corp					1.36							
Agencies Notified	Type Notification			Street Ad	ddress				9	911 05	*J= 4.10 *.						
⊠ EPA	Initial		2	99 Jeff	erson F	Road			~	14 SEP	17	EMI	2. ~	_			
DEP	Amended	,		City, Sta	te, Zip Co	ode			A	2 2		4111	6.5	6			
⊠ DOL	Amendment #		— F	arsippa	any,NJ	07054			Ą,	UEST	JS E	i					
□ DOH	justification)	icruding		Name of	Contact				Tele	eplane Nu	nber -	iller	nU	Ĺ			
DCA	Cancellation		E	nginee	ring Ma	anager						1115					
No. 10 (F) (F) 100	<u>-</u>	51 161		FACI	LITY INF	ORMATIO			- 								
Name of Facility Where	Abatement is Taking	Place (3))					Type of Facility	(4)								
Evonik Corp					-		[School (K-									
Street Address								Subchapte Other (i.e.				dinas	home	20			
2 Turner Place							L	etc.)	private		ui buii	umgo	1101110				
City (5)								Square Feet	# of	Floors	E	Bldg. A	Age				
Piscataway, NJ																	
County (6)		MC		County C	5.00E-0.00 (0.00E) (0.5.00			Current Use (Pr	ior if bei	ng demolisi	ned)						
Middlesex				(STATE C	ISE ONLY)		-			Facility							
Name of Monitoring Firm	Hired by Building C	wner (8)	12.	ASCM	No.		Name o	f Abatement Co	ntractor	(9)							
UniPro Inc	4					T	he MA	ACK Group, I	LC.								
Street Address							Street A	ddress									
173 Karkus Avenue						1	500 K	ings HWY N.	STE 2	209							
City, State, Zip Code							City, Sta	ate, Zip Code									
Woodbridge, NJ 070	95					C	Cherry	Hill, NJ 0803	34								
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telepho	ne No.		License N	o.						
David Tolchin			7	32-433	3-5246	(9	973) 7	59 - 5000		00781							
Start Date (10)		Schedule	d Con	npletion [Date (11)		Name o	f OSHA Monitor									
3/17/14	4			2/28/15	5	T	he MA	ACK Group, L	LC.								
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street A	ddress			Ste W						
Facility Closed/Vac	ated During Entire P	eriod of A	baten	nent		1	500 K	ings HWY N,	STE 2	209							
	ed Outside of Norma	al Facility	Hours	i			City, Sta	ate, Zip Code									
Other - Describe:						— c	Cherry	Hill, NJ 0803	34								
Scope of Work (Check A	ll That Apply)																
≥3 sf or ≥3 lf		X R	enova	tion			\geq	Full Containment with Negative Pressure									
≥160 sf or ≥260 lf		D	emolit	ion			K	Mini-Enclosur	e								
									g Procedure mpted (*) and Non-Friable Procedure								
		1-	1														
Location		100	Locati Iormal	300		-	Abatement Type										
Asbestos-Containing	(1.1	Used	d Sole	ly by	Asbes		ription o	ot aterial (ACM)	A	mount			_				
TO BE AB		1 2 2 2 2 2	ntena odial S			thermal s	ystems	insulation,	(8	pecify	Z.	מג	nca	E			
In Facil	ity	0000	(12)	zum.		surfacii other mi	ng, VAT		SF	or LF)	Remova	Repair	squ	Enclosure			
(10)		-				Other ini	300114110	.003)			val	굨.	Encapsulate	ure			
		Yes	No	N/A									(b)				
see atta	ched		X			see a	attache	ed	see a	attached	X						
											-						
											-						
						-											
Name of Registered Was	ste Hauler		300	IJ DEP W lauler ID	(5)(5	Cubic Y		Name of	Registe	ed Landfill							
Freehold / Newark C	arting / Royic			45(of Waste	e ГBD	Cumbor	dand C	o./ BFI /	CPO	\\\C	/ TDI	DE			
City, State	arting / INOVIC			430	17	Disposa	200 0 00 2200	City, Sta		U./ DF1/	GIVO	VVO	IN	XI			
Freehold / Newark / Riverdale, NJ							28/15		/burg / Imperial / Morrisville, PA								
Completed by	Averdale, INJ	Title					nature		9 / IIIIP		orrisv ate	me,					
Mike Cooper		Preside	ont			249	41		/	72.0	5/14						
Time Cooper		I residi	CIT					-/-		3/ 1	0/14						

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

Evonik	Building 1	Building 2	Building 3	Building 4	Building 5	Building 6	R & D Building
Pipe Insulation LF	2				1120		5 2
Vat/Mastic S/F	8000	00 20500	1030			7600	0
Carpet/Mastic S/F	180	00		3500			
Window/Door w/ Caulk/Glazing each				5			
Transite S/F			2000	4000	10000		
Roofing S/F	3000	3,03	200	11000		38400) 2250
Roof Flashing S/F		2225				220	
gaskets L/F	7	120 450					
Vessel / Duct Insulation S/F					2112	61	
Fire Doors					N		80

ASSESTOS COLTROL & LICENSING SON SEP IT AMIS: 20

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

Date of Notification (1)				Name of	Building (Owner/Operato	or (2)		e contract to	A Barrie	- :-							
Febru	ary 28, 2014		E	vonik (Corp				964 00-									
Agencies Notified	Type Notification			Street Ac	Idress				2014 SEP	17	EM IS	: 21	٦					
⊠ EPA	Initial		2	99 Jeff	erson R	oad												
DEP	Amended	3.		City, Stat	e, Zip Co	de		7	LULEUT	US C	0.5	ാവ						
DOL	Amendment Emergency (— F	arsippa	any,NJ (7054		<u> </u>	& LI	CENT	The	HU	_					
□ DOH	justification)	ncruding		Name of	Contact				Telepho	ne Nun	ber							
DCA	Cancellation		E	nginee	ring Ma	nager					102	30-30-11						
				FACIL	ITY INFO	RMATION			· · · · · · · · · · · · · · · · · · ·									
Name of Facility Where	Abatement is Taking	Place (3)					Type	of Facility (4)									
Evonik Corp								School (K-1		14.40	v							
Street Address								Subchapter Other (i.e. p				linas	home	s l				
2 Turner Place								etc.)				90,						
City (5)							Squa	re Feet	# of Floo	ors	В	ldg. A	ge					
Piscataway, NJ																		
County (6)				County C			Curre	ent Use (Pri	or if being d	emolish	ed)							
Middlesex				(STATE U	SE ONLY)	0			Fac	ility								
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	Nam	e of Aba	itement Cor	tractor (9)									
UniPro Inc						The I	MACK	Group, L	LC.									
Street Address						Stree	et Addre	SS										
173 Karkus Avenue						1500	Kings	HWY N,	STE 209									
City, State, Zip Code						City,	State, Z	Zip Code				0						
Woodbridge, NJ 070	95					Cher	ry Hill,	NJ 0803	4									
Project Manager for Mor	nitoring Firm			Telephor	e No.	Tele	phone N	0.	Lic	ense N	0.							
David Tolchin			7	32-433	-5246	(973)	759 -	5000	007	'81								
Start Date (10)		Schedule	d Con	npletion [Date (11)	Nam	e of OSI	HA Monitor		- 15								
3/17/14	and the same of th			2/28/15	5	The I	MACK	Group, L	LC.									
Occupancy Status Durin	g Abatement (Chec	k Only One	e)			Stree	et Addre	SS										
Facility Closed/Vac	ated During Entire I	Period of A	baten	nent		1500	Kings	HWY N,	STE 209									
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	Hours	5		City,	State, Z	Zip Code										
						— Cher	ry Hill,	NJ 0803	4									
Scope of Work (Check A	II That Apply)						_											
≥3 sf or ≥3 lf			enova					II Containm		ative P	ressui	е						
≥160 sf or ≥260 lf		L D	emolit	ion				ni-Enclosure ovebag Pro										
							No	n-Exempted	(*) and Non	-Friable	Proce	dure						
		le	Locat	ion									ement					
Location	n of	N	ormal	ly		Description	Туре											
Asbestos-Containing			d Sole ntena			tos Containing	Materia		Amou	nt			ш					
TO BE AB				Staff?	(i.e.	thermal system		ation,	(Spec		Re	D	пса	Enc				
In Faci			(12)			surfacing, V other miscell			SF or I	-F)	Remova	Repair	Encapsulate	Enclosure				
				T			**************************************				val	₹:	late	Ге				
		Yes	No	N/A														
see atta	ched		X			see attac	ched		see atta	ched	X							
					1/4													
		1																
		-		+	-	/c								H				
			.	1		[0 1: V 1				, , , en								
Name of Registered Wa	ste Hauler		0.00	IJ DEP W lauler ID	J. (7) (477)	Cubic Yards of Waste		Name of	Registered	Landiiii								
Freehold / Newark C	arting / Rovic			450		TBD)	Cumber	and Co./	BFI/	GRO	WS	TRE	RF				
City, State						Disposal Dat		City, Stat										
Freehold / Newark /	Riverdale, NJ					2/28/1	15		g / Imperi	al / Mo	orrisv	ille. I	PA					
Completed by		Title				Signatu		10	, p	Da		-7						
Mike Cooper		Presid	ent			Men	17/			2/2	8/14							
Parameter 2 (1999) 10 (199							4-5	-		1 10000		_	-					

 $[\]mbox{\ensuremath{^{\star}}}$ Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

CK# 1273

Doto of N	lotification (1):	7.55														
7/11/14	iourication (1):	Na Sc	ame of	Building (Owner/Operator (2 OPMENT AUTH):			2014	F in	1					
Agencies	Type Notification	St	reet Ad	idress:	OPMENT AUTH	ORIT	Y			* * 600	but have	8	their .			
Notified	() Initial			ONT STRI	EET				2010	A		. 5	- 6			
() EPA	Notification	Ci	ty, Stat	te, Zip Cod	e:				2014	TED	16	An				
(X) DEP (X) DOL	() Amendment Notification	TH	ENTC	ON, NJ 086 Contact:	25				4:			HIT I	1: 3			
(X) DOH () DCA	(X) Emergency () Cancellation			ENNETT				Telepho	ne Number:	LIC	ENS	DAT	ROL			
					FACILITY IN	FOD	MATION									
Name of I	Facility Where Abo	atemen	t is Ta	king Place	(3): UNIVERSIT	V	Type of Facility (4).								
MIDDLE	SCHOOL				(5). CHIVERSII		() School (K-12)									
Street Add	lress: 255 MYRTL	E AME				() Subchapter 8 (Other than	K-12)							
ou cot / tag	1033. 255 WITKIL	GAVE	*			1	(X) Other (i.e., pr	ivate & cor	mmercial building	gs,						
City & Sta	te (5): IRVINGTO	N NI					homes, etc.)									
		14, 140				1	Square Feet: NA	1	# of Floors:	2	Bldg	g. Age	: NA			
County (6) ESSEX):			County Co		1	Current Use (Pri	or if hein	g demolished):							
ESSEX				(STATE U	SE ONLY)	N	MIDDLE SCHO	OOL	g demonstred).							
Name of	Monitoring Firm	n Hire	ed by	Building	ASCM No.:	- N	Name of Abaten	C								
Owner:(8)					NA	1										
Street Add	ress:						S/M Enterprise	of NJ, I	nc.	I						
	- 400.					1	treet Address:									
City, State,	Zin Code:	-					39 North 6th S									
one, orace,	zip code.					City, State, Zip Code:										
Droinet Man	6 35					P	Prospect Park, NJ 07508									
1 roject Mai	nager for Monitorin	ng Firm	1:	1	Telephone No.:	T	elephone No.:		License No.:	•						
Start Date (10):	0.1.1	1.10				973) 595-6955		00641							
7/12/14		7/15/1	iled Co	ompletion I	Date (11):		ame of OSHA		-							
Occupancy S	tatus During Abatem		900800	(0 0 0)			M Enterprise	of New	Jersey, Inc.							
(X) Facility (Closed/vacated During	Entire	Dariod	of Abotama	*		treet Address: O. Box 8265									
() Abatemen	If Performed Outside	of Norn	nal Faci	ility Hours			ity, State, Zip C	'adai								
() Oulei - I)	escribe: occupied/une	occupie	1			H	aledon, NJ 0753	38								
Scope of Wor	rk (Check all that app	ly):														
$() \ge 3 \text{ sf or}$	r ≥ 3 lf			(¥) P.	enovation			() Full (Containment wit	h Neg	ative F	ressui	re			
$(X) \ge 160 \text{ s}$	$f \text{ or } \geq 260 \text{ If}$			() D	emolition			i wran	& Cut bag Procedure				_			
		I	s Loca	tion				riable Procedure	ire ure							
	cation of	1	Norma	ally	De	escrip	otion of		Abatement Type							
	ontaining Material ACM)		ed Sole	ely by	Asbestos Con	tainir	ng Material (A stems insulation	CM)		-	T	T	Т-			
	EABATED		Custod		surfa	cing,	VAT, or	и.,	Amount	Re	70	En	땁			
	Facility		Staff		other	misc	ellaneous)		(Specify	Removal	Repair	cap	clo			
	(13)	Yes	(12) No	N/A					SF or LF)	val	air.	Encapsulat	Enclosure			
OUTSIDE		103	X		WINDOW CAU	TED	NG		10.00			#				
				+-+	WINDOW CAU	LKII	NO		10 SF	X						
			 	-												
			-													
Name of Rea	istered Waste Hau	law			I Stirsma											
NEWARK C	ARTING, INC.	er:			NJDEP Waste Hauler ID No		Cubic Yards of Waste:	3	Name of Regis	stered]	andfil	l:				
City, State:			D:		18693				IESI							
	0, NEWARK NJ 0	7105	7/18/	osal Date: 14			City, State:	A 15100								
Completed B		-		Title:			IMPERIAL, P.	A 13126								
MIKE ALTA	DOUKA			PRESID	ENT	Sign	ature:	-	Date:							
					mass=58	-			7/18/14							