HD.213 #082

September 17, 2014  September 17, 2014  Name of Polishing Owner(Operator CR)  September 17, 2014  September 18, 2014  September 18, 2014  September 17, 2014  September 17, 2014  September 17, 2014  September 17, 2014  September 18, 2014  September 17, 2014  September 17, 2014  September 17, 2014  September 17, 2014  September 18, 2014  September 22, 2014  September 19, 2014  September 19, 2014  September 20, 2014  September 19, 2014  September 18, 2014  September 18, 2014  September 20, 2014  Septembe	Dute of Notification (1)		МС	TIFICA (Pure	Simb of No Tion of Abb Deri to NJAC	w Jersey ESTOS ABAT SIST and 12:1:	EMENT	T 0	OL		0.4	
Initial Amendment of Pool		0,4		TNo	ne of Building	Dwoed Donard	(1.63)	+-		-		-
BEAN Amended A	Agencies Nullfied   Type Note	cation	-	67/2	yalde Cond	ominiuma C	O Commun	ity Realty Mgm	ıt.	Chec	ck/H/	140
City, State, 29 Good  Prevergency (including provided pro	EFA IF Interest					Street			4	WA	1/0	que.
Name of Facility Where Abstraction (Including Descriptions) (Includin	DEP Amen								-	-n	CIA	PR
Name of Facility Vittere Absternant is Taking Place (2)   PACILITY INFORMATION   Type of Facility (4)	I ROT I	dment s		. Ple	asentville, i	VJ 08232-27	787	/ W	MA	-11	13	
Name of Facility Vinter Absterment is Taking Pietta (3)  Bayelide Condominiums  Busel Address  Stock Address  Subsel Address  Subsel Address  City (5)  Allantic City  County (70)  Allantic City  County (70)  Allantic City  County (70)  County (70)  Allantic City  County (70)  Allantic City  County (70)  County	DOH   Judliffe	alion)	ding	Nan	in of Contact		0.					_
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Bitset Address   School (K-12)   Subscriptor of (Whet then K-12)   Subsc	Name of Facility Where Absterrary Is	Taking Pian	DM (3)	F	ACILITY INFO	RMATION	Type of Facili	N (A)	_	_	_	
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Atlantic City  County (9)  Atlantic  County (9)  Atlantic  County Code (7)  (87A To see a party)  County Web (Piner M being demolianed)  Condominiums  Name of Morriading Firm Hired by Building Owner (6)  Managament & Enviro. Consulting Services  Fire Address  PO Box 341  Stress Address  PO Box 341  Stress Address  City, State. Zip Code  Chesterficide, NJ 08516  Foliati Managar for Nonlicting Firm  Lou Lauret(8)  September 18, 2014  September 22, 2014  September 18, 2014  September 18, 2014  September 22, 2014  September 18, 2014  September 22, 2014  Siting Address  City, State. Zip Code  Maple Shade, NJ 08552  Telephone No.  808-238-4D70  856-755-0089  City, State. Zip Code  Maple Shade, NJ 08552  City, State. Zip Code  Maple Shade, NJ 08565  Foliati Managar for Nonlicting Firm  Consumption  September 18, 2014  September 22, 2014  September 22, 2014  September 22, 2014  Siting Address  Siting Address  Consumption  Fullity Class/All Ynat Apply)  20 Route 130 North  Class All Ynat Apply)  20 Route 130 North  Consumption  Abstance Controlled on Address  Consumption  Abstance Controlled on Address  Consumption  North September 22, 2014  Abstance Controlled on Address  Consumption  Abstance Controlled on Address  Consumption  Abstance Controlled on Address  Consumption  Abstance Controlled (Class All Ynat Apply)  Abstance Con							The Dener (I.C	. privato & commi	orcial i	ouildir	nas. hi	Office
County (0) Atlantic Atlantic Atlantic Mane of Moriforing Firm Hired by Building Owner (6) Mane of Moriforing Firm Hired by Building Services  Street Address Managament & Enviro. Consulting Services  Street Address Maple Shade, NJ 08052  Maple Shade, NJ 08052  Maple Shade, NJ 08052  Street Address Street Address Street Address Maple Shade, NJ 08052  Maple Shade, NJ 08052  Street Address Street Address Street Address Maple Shade, NJ 08052  Street Address Street Address Street Address Street Address Maple Shade, NJ 08052  Chief Shade, NJ 08052  Street Address Street Address Street Address Street Address Street Address Maple Shade, NJ 08052  Chief Shade, NJ 08052  Street Address Street Addre			VIII) - (				uic.					
Allentic  Name of Mortlaning Firm Hand by Building Owner(6)  Name of Mortlaning Firm Hand by Building Owner(6)  Name of Mortlaning Firm Services  Street Address PD Box 341  Street Address Maple Shide, NJ 08052  Liconae No. 08642  September 18, 2014  September 22, 2014  September 22, 2014  September 22, 2014  September 22, 2014  Sitical Address Street Address Stree							6,000					,
Name of Mortlering Firm Head by Building Dwner (6) Managament & Enviro. Consulting Services  ABCLI No.  Name of Absterient Confected (9) Shade Environmental. LLC  Street Address PO Box 341  City, Shie, Zip Code Chestlericid, NJ 08516  Project Manager for Monitoring Firm Lou Lauretti September 18, 2014  September 18, 2014  September 22, 2014  September 22, 2014  September 18, 2014  September 22, 2014  September 22, 2014  Fullity Clevel/Assated Ouring Entire Period of Abstermont Abstermant Performed Quality Hours  Other - Describe:  September 18, 2010  September 18, 2014  September 22, 2014  Fullity Clevel/Assated Ouring Entire Period of Abstermont Abstermant Performed Quality Hours  Other - Describe:  September 19, 2016  September 20, 2016  Full Check All That Apply)  September 20, 2016  Menovation Demolston  In Facility (13)  In Facility (13)  Absternancy Absternancy Ober miscreting (Acm) In Facility (13)  Absternancy Ober miscreting (Acm) (14)  Absternancy Ober miscreting (Acm) (15)  Absternancy Ober miscreting (Acm) (16)  Absternancy Ober miscreting (Acm) (17)  Absternancy Ober miscreting (Acm) (17)  Absternancy Ober miscreting (Acm) (18)  Absternancy Ober miscreting (Acm) (19)  Absternancy Ober miscreting (Acm) (19)  Absternancy Ober miscreting (Acm) (10)  Absternancy Ober miscreting (Acm) (10)				Cour	ity Code (7)		Current Use (F	rier V being demo	dish			
Managament & Enviro. Consulting Services  Shade Environmental, LLC Street Address PO Box 341  City, State, Zip Code Maple Shade, NJ 08051  Project Manager for Monitoring Film  Telephone Nb. G08-298-4070  Stan Date (10)  September 18, 2014  September 18, 2014  September 22, 2016  Environmental Contraction No. 00842  City, State, Zip Code Maple Shade, NJ 08052  Liconae No. 00842  September 18, 2014  September 22, 2016  Environment State State State No. 00842  September 18, 2014  September 22, 2016  Environment State St	Name of Mordadas Firm Mined to B.	dina 6			N. S. C.		Condomini	JITTI B	relative O	,		
Shade Senvironmental, LLC  Stress Address PD Bgs 341  Stress Address E23 Cutler Avenue  Stress Address E23 Cutler Avenue  City, Shis, 2g Code Chesterfield, NJ 08516  City, Shis, 2g Code Maple Shade, NJ 08552  Telephore No. 608-298-4070  Stert Date (Tity) September 18, 2014  September 18, 2014  September 22, 2016  September 18, 2014  September 22, 2016  Faulity Clissel Address Cocupany Status Cuting Abstracted (Chest Orly One)  Faulity Clissel Address Cocupany Status Cuting Abstracted Outside of Normal Facility Nours  Other - Describes:  Faulity Clissel Address 200 Route 130 North  City, Shis, 2le Code Cinnaminant NJ 08077  September 18, 2014  September 22, 2016  Faulity Clissel Address 200 Route 130 North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel Address 200 Route 130 North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Faulity Clissel North  City, Shis, 2le Code Cinnaminant NJ 08077  Abbetiment Type  Abbe	Managament & Enviro. Consu	ting Serv	(5) Ces	AB	CM No.	Nama	of Abatement C	ontractor (9)		+		-
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City, State, Zip Code Maplo Shade, NJ 08052  Project Manager for Monitoring Firm Lou Lauretti September 18, 2014  September 18, 2014  September 18, 2014  September 22, 2014  September 22, 2014  September 22, 2014  September 22, 2014  September 23, 2014  September 24, 2014  September 25, 2014  September 25, 2014  September 26, 2014  September 26, 2014  September 27, 2014  September 28, 2014  September 28, 2014  September 28, 2014  September 28, 2014  September 29, 2014  September 29, 2014  September 29, 2014  September 2014  September 29, 20										1		_
Maple Shade, NJ 08052	City, Siple, Zip Code							0				
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Asbestos-Contein and Mini-Esterosure  Location of Asbestos-Conteining Material (ACM) In Facility In Internation In Internation In Facility In Facility In Facility In Internation In In	Other - Describe:	ormar ⊦adi	PIA HOR	rs								
Asbestos-Cuntul ming Misterial (ACM)  TO BE ABATED  (13)  (13)  Building B  XXXX   Joint Compound in Dryws!  Aspectored Waste Hauler  Pull Consistence Waste Hauler  Aspectored Waste Hauler  Normally  Location of Normally  Abstence:  Abstence:  Abstence:  (Specify  Surfacing, VAT, or  other misostimescus)  And unit  (Specify  Surfacing, VAT, or  other misostimescus)  And unit  (Specify  Surfacing, VAT, or  other misostimescus)  And unit  (Specify  Surfacing, VAT, or  other misostimescus)  Abstence:  Abst	DODE Of Work (Chuck All The Apply)					Cinna	ונאן מספתות	28077				
Participation   Procedure		CON.	10.000									-
Asbestos Containing Material (ACM)  Asbestos Containing Material (ACM)  TO BE ABATED In Facility (13)  You No N/A  Building B  XXX  Joint Compound in Dryws!  Non-Exampted (*) and Non-Friable Procedure  Abstament Type  Abstament Type  Abstament Type  Abstament Type  Asbestos Containing Material (ACM) (i.e. thermal eystoma houtsflore, curfacing VAT, or other misosilinascus)  For No N/A  Joint Compound in Dryws!  Abstament Type  Abstament Type  Abstament Type  Abstament Type  Abstament Type  Abstament Type  Action thermal eystoma houtsflore, curfacing VAT, or other misosilinascus)  And N/A  Joint Compound in Dryws!  Abstament Type  A						A	Full Containm	aut Mili padaliao	Prose	une		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED (13)  To Be Abated (12)  In Facility (13)  You No N/A  Building B  XXX  Joint Compound in Drywall  Abbestos Containing Material (ACM)  (i.». thormal eyetoms ineutation.  Other misoedistrices  of Wester Metalian  Non-Erdmytod (*) and Non-Friable Procedure  Abstament Type  Abbestos Containing Material (ACM)  (i.». thormal eyetoms ineutation.  Other misoedistrices  Other misoedistrices  Abstament Type  Abbestos Containing Material (ACM)  (i.». thormal eyetoms ineutation.  Other misoedistrices  Other misoedistrices  Abstament Type  Abbestos Containing Material (ACM)  (i.». thormal eyetoms ineutation.  Other misoedistrices  Other misoedistrices  Abstament Type  Other misoedistrices		and the same of th					LAULINI- COLDIERIO	@ ·				
Asbeston-Cyntal ring Material (ACM)  TO BE ABATED In Facility (13)  Pos No N/A  Building B  XXX  Joint Compound in Dryws!  Abatement Type  Description of Asbestos Containing Material (ACM) (i.e. thermal systems heutstors, other misosellensous)  Asbestos Containing Material (ACM) (i.e. thermal systems heutstors, other misosellensous)  Building B  XXX  Joint Compound in Dryws!  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems in substitute, other misosellensous)  Abatement Type  Abatement Type  Abatement Type  Authorized (ACM) (i.e. thermal systems in substitute, other misosellensous)  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems in substitute, other misosellensous)  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems in substitute, other in substi		$\neg$					Non-Example	d (") and Non-Fria	bla Pr	ocedy	re	
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Custodial Stell?  (13)  Custodial Stell?  (12)  You No N/A  Pol No N/A  Sufficing VAT, or other misosilistacus  A Joint Compound in Drywall  100 9F X  Impart Registered Waste Hauler  Poshold Cartage  A June Vaste  Hauler ID No. of Wester  Cubic Yerds  of Waster  Western Berks Community Landfill  Olipposition City, State  8/22/2014	Aspesios-Containing Material (ACM)	U	ed Sole	ily by	Anhausan	Description s	! <u></u>		-	T	ND o	_
(13)  (12)  (13)  (14)  (15)  (16)  (16)  (17)  (18)  (17)  (18)  (18)  (19)  (19)  (19)  (19)  (19)  (10)  (11)  (12)  (12)  (13)  (14)  (14)  (15)  (15)  (16)		Cu	aintena Liadial I	กตะ/ รเตศ?	(I.≥. Ind	MINI CARPOLLE IN	autation 1		-		g	
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netina Lynch Operations Manager Statisture 9/17/2014			allon-	Unna	no.		70			-		-

0K3436

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

38 9			* 3	(1)	01302		NOTICE !		•		
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	1			DI 751		FACIL	TY INF	ORHATION T	Type of Facility !	4)	
	Ī	Name of Facility Where	balement is Taxing	Place (3)					School (K-12	) (Other (han K-12)	
	ĺ	Street Address		- M IA	.1				Dener (I.e., pr	ivale & commercial	
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	£	County (6)	IAY		1	ISE ON	LY)			CONT	<u> </u>
	ĺ	Name of Marioning Firm	Hired by Building C	wher	AS	CM No.		Name of Abatem	eni Convegor (9)	)c,	
	ĺ	(8)	/A		<u>_</u>				s SPRJ	= Luc.	
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		City State Zip Code						MAP		DE NJO	8:32
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37 <b>.</b>		JOSEPH C	EMM					esios licensure es	remoted activitie	5	
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ASB-41 (R-06-08)

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

Date of Notification (1)			Name o	f Building (	Owner/Operato	r (2)		^				- *	
9/18/14			1<	1999	2 POP	er tie	3,10	$C_{00}$	CED	,			
Agencies Notified	Type Notification		Street A	Address	1 10 D	410		ne t	I OLI Z		1 5	14	
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DEP	Amended	200	City, St	ate, Zip Co	de Dat Bea	1		١				240	
DOL DOL	Amendmen Emergency		γ.	+ Mea	ont idea	in,	NCW.	)e-2c	V	7			
DOH DOH	justification		Name o	of Contact				Tele	Phone Nur	nber	r		
DCA	Cancellation	n		1.Kl				1	20-1	AU -			
		51 (5)	FAC	ILITY INFO	DRMATION	T =	-f F:!!b.	41					
Name of Facility Where						Type	of Facility (	4)					
119999	Brober 1.	3, (CC					School (K-1		er than K-12	)\			
Street Address	- I- 1	O. 10				4	Other (i.e.	orivate 8	& commercia	- <i>)</i> al build	ings,	home	es,
006	arter 1	200			(0)	₩,	etc.)						
City (5)	12	1				Squa	re Feet	# of	Floors	BI	gg.A	ge	
H Pleas	on+ Be	ach				0			0	17	1	T_	
County (6)				Code (7) USE ONLY	)		O '		ng demolish	red)			
OCKON							1451d						
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.	1		tement Co		(9)				
							ation Co.	, inc.					
Street Address						et Addres	ss ise Road	1					
01 01-1- 71- 0-do						State, Z		1					
City, State, Zip Code		V.			100		k, N.J. 07	7722					
Desired Manager for Mon	itarina Firm		Tolophi	one No.		phone N			License N	^		dayas	
Project Manager for Mor	moning Firm		releption	JIE NO.		2-294-1			00029	0.			
01-10-1-(10)		Cabadalad	Completion	Data (11)			HA Monitor		00020				
Start Date (10)		Scheduled	Pi U	Date (11)	Nam	e 01 USF	TA WOITHOI						
Occupancy Status Durin	Abatement (Che	ck Only One)	11-1		Stree	et Addre	ss			-	2000-0-2		-
SAMPLE STANDARD CONTRACTOR													
Facility Closed/Vac Abatement Perform	ated During Entire red Outside of Nor	mal Facility H	atement ours		City.	State, Z	ip Code						
Other - Describe:	7-maf	) (L)					E CONTRACTOR						
Scope of Work (Check A	II That Apply)												_
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*		novation nolition				ni-Enclosur		i Negative r	ressur	е		
11		1/					ovebag Pro		d Nam Frieh	la Dese			
-		1		T		M 140	n-Exemple	d (*) an	d Non-Friab			ment	
ee coessess		10.000	ocation rmally		04-00-0-00-0-0-0	reconstant.					Ту		
Location Asbestos-Containing	n of Material (ACM)		Solely by	Aches	Description tos Containing		L(ACM)	۵	mount			_	
TO BE AB	ATED		enance/ lial Staff?		thermal system	ms insula		(5	Specify	R	Z	nca	E
In Faci (13)	lity		12)		surfacing, \ other miscell			SF	or LF)	Removal	Repair	nsdt	Enclosure
(10)		-		4	outer micoon	u				'al	7	Encapsulate	Je
		Yes	No N/A									10	
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Ace Insulation Co.,	inc.		12086		,	7	G.R.O.	.vv.S.					
City, State					Disposal Da	te	City, Sta						
Colts Neck, New Je	rsey				10/1	114	Tullyto	wn, P	4				
Completed by		Title			Signatu	ire	1/		Da	ite 🕜	1	1	
Bree McGuire		Secreta	ary Treas	urer	1/20	en	/ /			$\mathcal{I}$	15	2/1	1
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ASB-41 (R-06-08)					* Do	not use t	his form for	r asbest	os licensure	e exem	pted	activit	ties.



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

Check# 0840

Date of Notification (1)				Name of	f Building	Owner/C	Operator	(2)		ស្លាប	. 6.20					
9/17/14			-	Bill Lir	nk					201	SEP	22	. F	M 5	: 2	·)
Agencies Notified	Type Notification			Street A	ddress	-						1	17			
□ EPA	Initial			751 La	awrence	e Ave				À,			9	90.01		
DEP	Amended				ite, Zip Co						- 1		. 8			-
⊠ DOL	Amendment Emergency		- L		eld, NJ						147					
ĭ DOH	justification)		Γ		f Contact					Tel	ephone	Num	ber			
DCA	Cancellation			Bill Lir									-			
Name of Facility Where	Abatament is Takin	a Diago (2)		FACI	LITY INF	ORMATI	ON	-	e = 40 77			Ĺ				
Residential Proper		g Place (3)	)					Тур	e of Facility (4	.)						
Street Address	ty								School (K-12				e.			
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City (5) Westfield								10000	are Feet	100000000	Floors			ldg. A	ge	
			-					200		1		1		0+		
County (6) Union					Code (7) USE ONLY	1			rent Use (Prio			olish	ed)			
	TP 11 B 11	. (0)				<u></u>			sidential Pr	100	*	Ц.				
Name of Monitoring Firm	m Hirea by Building	Owner (8)		ASCN	No.				atement Cont							
				n/a				5.00	Manageme	nt Co	ргр					
Street Address							Street									
City, State, Zip Code				- 14	•		22 T					_				
n/a									Žip Code Park, NJ 07⊍	025						
	ect Manager for Monitoring Firm						Teleph			033	Linne	a Nia				
n/a									.7950		Licens 0119		١.		40	
Start Date (10)		Schedule	d Con	n/a	Data (11)				SHA Monitor		0113	<u> </u>				
9/27/14		9/28/14		picaon	Date (11)		n/a	UI U	DITA IVIOLILIO							
Occupancy Status Durir	ng Abatement (Chec	k Only One	e)		<del></del>		Street	Addr	ess			-				
			201				n/a									
	cated During Entire I ned Outside of Norm						City. S	tate.	Zip Code				-			
Other - Describe:							n/a	,								
Scope of Work (Check /	Ali That Apply)		-0.411					_				-		-		
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≥160 sf or ≥260 lf		-	emoliti						lini-Enclosure	ric with	Negau	ve ri	essu	е		
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Locatio Asbestos-Containing		Used	d Sole	ly by	Ashes		scription		al (ACM)	Δ	mount					
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In Fact	201. <b>*</b>	Ousid	(12)	ACAII :			cing, VA niscellar			SF	or LF)		Remova	Repair	apsı	Enclosure
(10)	<b>'</b> .		-	Γ		Outer 1	mocna	10003	"				/al	7	late	le le
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Lincoln Park, NJ 07	coln Park, NJ 07035					TBD			Morrisvi		Α					
Completed by		Title				S	ignature	)				Dat	е			
E. Cirovic		Secre	etary			19	Ci	D 1941	وتلا			9/1	7/14	1		

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

(Pursuant to NJAC 8:60 and 12:120) 2014 SEP 22 FM 5: Name of Building Owner/Operator (2) Date of Notification (1) 9/16/14 Chambon Electric Agencies Notified Type Notification Street Address 584 Main Street × **EPA** Initial City, State, Zip Code DEP Amended × DOL Chatham, NJ 07928 Amendment #\_ Emergency (including Name of Contact Telephone Number × DOH justification) Robert Chambon DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) house School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X 159 Main Street etc.) City (5) Square Feet # of Floors Bldg. Age Chatham 2200 2 60 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-583-8500 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/26/14 10/26/14 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf × Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED . Enclosure (i.e. thermal systems insulation, (Specify Removal Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A ground floor ceiling material 2200 X x Name of Registered Waste Hauler Cubic Yards NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste Freehold Cartage TBD TBD 15959 City, State Disposal Date City, State Freehold NJ TBD Completed by Title Signature Date

A. Scott Higgins

Owner

9/16/14



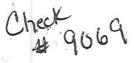
# \* Emergency &

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

CK 436e1.

Date of Notification (1) 9/17/14					Building ( Bernet P			(2)	EUI4	SFP	22					
Agencies Notified	Type Notification		S	treet A	ddress						44	r.H	<u>5.</u>	33		
EPA DEP	Initial Amended				urel Ct te, Zip Co	de			***	. 1						
DOL	Amendmen  Emergency				Pleasant		NJ 08	8742								
DOH DCA	justification Cancellation	)	30	lame of Nark	Contact					Tele	nhone I	Numb	er			
				FACII	LITY INFO	RMATIO	N							-,002		
Name of Facility Where Mark Bernet Private		ng Place (3)						ETTORY	of Facility (4)							
Street Address							$\neg$	S	School (K-12) Subchapter 8	(Othe				200000		
301 Laurel Ct								e	other (i.e. privitc.)			ercial		1/2012		es, 
City (5) Point Pleasant Bea	ch NJ 08742							Square 1000		# of	Floors		100000	dg. A 5+	ge	
County (6) Ocean					Code (7) USE ONLY)			Currer	nt Use (Prior	if beir	ng demo	olishe	4)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name		ement Contr	actor (	(9)			-		
N/A								aco In						*		
Street Address								Address 30x 32								
City, State, Zip Code						101	0.100 N.T	tate, Zip t Berlir	Code NJ 0809	1						
Project Manager for Mor	nitoring Firm	T	elephor	ne No.			none No 753-98			Licens 00727						
Start Date (10) 9/17/14							Name Sam		A Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only One	)				Street	Addres	s							_
Facility Closed/Vac Abatement Perform Other – Describe:				ent			City, S	tate, Zip	p Code		-					
Scope of Work (Check A	Il That Apply)		-								+					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0)	green and a second	novati molitic					Mini Glo	Containmen i-Enclosure vebag Proce	dure					335	
							×	∐ Non	n-Exempted (	(*) and	Non-F	riable		-	ement	,
Location	n of	No	ocatio rmally	,		Desc	cription	of						Ту		
Asbestos-Containing TO BE AB	Material (ACM)	Used Main	Solely			tos Conta	ining M	//aterial			mount		_		Ē	ш
In Faci	lity	Custo	dial St (12)	aff?	(i.e.	thermal s	ing, VA	T, or	uori,		pecify or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		other mi	iscellar	leous)			83		val	Ŧ	ulate	ure
on Sla	ab		-	X		Flo	or Til	e		16	0 SF		x			-
	on Slab											7				
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				IDEP W					2							
	Name of Registered Waste Hauler  Jnited Containers					Cubic Y of Wast			Name of R		red Lan	dfill				
City, State						2 Disposa	al Date		City, State	.0.						
Elm NJ						9/18/1			Morrisvill	e PA	1906	7				
Completed by Anthony T Perna		Title Presid	ent	2	t	Sig	gnature	2				Date 9/17				

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



Date of Notification (1)	1:1	Name o	of Building Owner/C	perator (2	) 20% c				
9-10-	14		Beaver	Con	crefe	E Const	much'	OA	
Agencies Notified Type Notification		Street /	Address 1 Beth	90.4	Road		<del>- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1</del>		
DOL Amended Amendment		City, St	ate, Zip Code Hazlet		in community	7730			11 200 200 000 000
DOH Emergency (injustification)	including		of Contact lentino	Riz		Telephone N	umber _	Ē	
L SOA L CANCENABUT			ILITY INFORMATI		20				
Name of Facility Where Abatement is Taking	•				ype of Facility (	4)			
Old Vacant Blo	<del> </del>					2) 8 (Other than K-	12)		
3980 Paterso	n Pla	nk R	lod	-	N Other (i.e. p etc.)	rivate & commer	cial buildings		es,
	NJ	~	77077	S	quare Feet	# of Floors	Bldg.		_
County (6) Bergan	0 0		Code (7) USE ONLY)			or if being demoli	shed) Blels	Fas	5+
Name of Monitoring Firm Hired by Building O		ASCI	M No.		Abatement Con		owy.	- 10	النعن
Street Address	Sies		NA	Street Ad	dress	hnole	gies	Ir	16
Ro. Box 3	37			P.C	). Box	337			
City, State, Zip Code	N2	08	533	New New	e, Zip Code	DI to	.085	53	3
Project Manager for Modified Firm	٠.	Telepho		Telephon	e No. 336	License	0.39	4	
0 20 11:	Scheduled Co	mpletion	Date (11)	Name of	OSHA Monitor	1		-8-	
Occupancy Status During Abatement (Check	Only One)	30-1	٧	Street Ad	rose lec	nnologies	s. Inc		
Facility Closed/Vacated During Entire Po	eriod of Abate				BOR	337			
☐ Abatement Performed Outside of Norma ☐ Other – Describe:	al Facility Hou	rs "			e, Zip Code	(17	0000		
Scope of Work (Check All That Apply)				1400	Egypt .	<u> </u>	0853	3	$\neg$
☐ ≥3 sf or ≥3 lf	□ . Renov					ent with Negative	Pressure		
≥160 sf or ≥260 lf	Demo	lition			Mini-Enclosure Glovebag Proc				
	1			<u>}**</u>	Non-Exempted	(*) and Non-Fria			
	Is Loca Norma					1	Abate Ty	ement voe	
Location of Asbestos-Containing Material (ACM)	Used Sol	ely by	Des Asbestos Conta	cription of	erial (ACM)	Amount	F		П
TO BE ABATED	Mainten Custodial		(i.e. thermal s	systems in:	sulation,	(Specify	Z Z	inc	En
In Facility (13)	(12)			ing, VAT, d iscellaneou		SF or LF)	Repair	Encapsulate	Enclosure
. (10)	Yes No	N/A	odio, iii	io Cilarico	,	÷	/al	llate	ure
Roof	X		Rolled Ro	ofine		3000 SF	×		
1,651			more no	201.0					$\Box$
***************************************	•						11		
Name of Registered Waste Hauler	1000	NJDEP W Hauler ID	501576779 III - 50057710690 - B			Registered Landfi			
EPC Technologies	• 1	1700		17	Wash	Manage	ment o	E P	A
City, State New Equat	VJ:		Vania	Date	City, State Mozni	suille i	PA	<u> </u>	
Steve Schenker	Presio	D-+	Sk	nature	2500	. D	9-18-1	4	
CIUC SCIEDING	INOIC	ULI	6	- JUSTAN		~	1	L	- 1

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

# 0068

Date of Notification (1)	8-14.	Name o	f Building Owner	/Operator		Lan	var	ch	ع	
Agencies Notified Type Notifi	cation	Street A	ddress 3	32 1	Farmdo		20a	Ad P		,
☐ EPA Initial ☐ Amen	ded	City, Sta	ate, Zip Code			ΛIT	()	20	5	z
☐ Emerg	gency (including	Name o	f Contact		stown	Telephone	e Numbe	UU.	<u>ر</u>	
DOH justific	ellation	1	Ines L	ama	rche	ð.	-	^^		22 "
Name of Courts 1850 and Shaton and in	Takina Diana (2)	FACI	LITY INFORMA	TION	Time of Facility				FIX	
Name of Facility Where Abatement is	nily D	wel	(i'nc		Type of Facility ( ☐ School (K-1					
Street Address	ndale	Roa	1			8 (Other than		uildings	, home	es,
City (5) Moorest		E W	- 080	57	Square Feet	# of Floors	s'	Bldg. A	Age	
County (6) Burline	ton		Code (7) USE ONLY)		Current Use (Pri	or if being den	nolished	)		
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASCN	No.	Name o	of Abatement Con	htractor (9)	legi	28	In	18
Street Address Box	337			Street	O. Box	337	J			
City, State, Zip Code	NJ.	80	533	City St	ate, Zip Code	of N	5	180	53	3
Project Manager for Mosificial Series	Kea	Telepho	ne No. 758-3365	S. Iberra and process	one No. 758-334		se No.	39	4	
Start Date (10) 9 - 29 - 10	Scheduled Co			Name o	of OSHA Monitor	hnologi	ies :	Enc	-	
Occupancy Status During Abatement	(Check Only One)			Street A	Address	~				
Facility Closed/Vacated During B Abatement Performed Outside of	Entire Period of Abate of Normal Facility Hou	ement irs		City, St	ate, Zip Code	334			•	
Other - Describe:				Ne	w Egypt	TU	08	353	3	
Scope of Work (Check All That Apply	)				- (1				,	
25 ≥ 3 sf or ≥3 lf     ≥160 sf or ≥260 lf	☐ Renov				Full Containm Mini-Enclosure Glovebag Prod Non-Exempte	edure			ne.	
	ls Loca	ation				17-11-11-1		Abat	ement	
Location of	Norm Used So	ally		escription			-	<u>S</u> T	/pe	1
Asbestos-Containing Material (AC TO BE ABATED	Mainten	ance/			aterial (ACM), insulation,	Amount (Specify			Enc	En
In Facility	Custodia (12		55300	facing, VAT miscelland	P.C. 100	SF or LF	)	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A		тысскат	5005)			= =	late	ıre
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Name of Registered Waste Hauler		NJDEP W	/aste Cub	ic Yards	Name of	Registered La	ındfill			
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EPC Technolo  City, State  New Egypt  Completed by  Steve Schen Kea	N5		O S	osal Date		isville	PF			
Steve Schenker	Presid	lent.		Signature See	10 Sche	h	Date (	9-18	3-1	Ч

page 2

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Bale of Notification (1) Bapt. 10, 2014			1	Name (	d Building County	Owner DPV	Operate	(2)	ر لا له ۱۳		1/2	7			, ,
Agencies Notified  EPA	Type Nobilication	1			est Brad			1	wij		WED WED	-, i	7.	.,	
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D DCA	Cancellaus	)		Sho F	Confact Cop.: Vin	cent l		lel lo		Yel	Pohone P	Mumba	,		
Name of Facility Where	Abstament la Tak	na Plana	195		ILIY INF	17.1	HON	-						_	_
Fleet Building (Ru	d Brick Building	) - Esse	x Cou	inty, Di	PW				e of Facility (4)						
Street Address 99 West Bradford									School (K-12) Subship pear 0 Other (I.e. pri	(Olh	or Unan K	(-12) Irdini D	ulkilna	ı. hari	YA A.
City (ā) Cedar Greve									ere Feet		Floors		Bldg. 70		
County (8)				County	Code (I)	,	_	Cur	ent Usa (Priof et Building	_	ng damo	is hed)			-
Name of Monitoring Fin J&S Environments	n Hired by Building	Overes (8	0	Asci	M No.		Name Acad	of Ab	demani Contr	actor	(9)				
8 Ironi Address 2383 Rt 22VV						- Vallet	Obreel	Add n						<u> </u>	9
Chy, State, Zip Code Union, NJ									Zp Code Yew Jersey	075	12	_		201	_
Project Manager for Mo	niloding Firm				05-0073		973-	one i	ia.		License 01155			35	
Sept. 15, 2014		Oct, 3	0, 201	ripleton 4	Dato (11)		Name		HA Monitor					- P	_
Occubanch grains Drive	g Abeterment (Che	sk Only O	ne)	-			Btreat		15.)						
Facility Closed/Vac Abaltement Perform Other - Despribe:	sted During Enline red Outside of Non	Period of mail Facility	Aboten Y Houn	nent I				ete.	la Code						
Scope of Work (Check A							000000	****						_	ÇŢ:
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TO BE AR In Facil	ATED III	Ma	Internal Social S (12)	100	Astract (i.e.	trome thus	mining M I systems Icing, YA Titoolian	insul I. or	ston,	(8)	nount pocky or LF)	Removal	Reput	Босорашва	Endosum
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Main Floor		X				Pipe	Insulat	lon		21	211	K	T		
ismo of Registered War Swark Carting	do Hisuler	( Y	H	DEFW Buller ID 1509		Cubit of Wa 40	Yards 810		Name of Re	- N		ell			
age, spa Iswark, NJ						Dapo	ed Dete 10, 2014		City, State Tullytown	PA	the second				
completed by rank Marino	N.	VP o	(Ope	rations		T	Posture 200	_			1	Date 2-10-1	4		_

<sup>\*</sup> Do not use this form for sebestos lisensure exempted activities.

#### Check#2001

**MAY 11** 

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

							500		1 8 1			
Date of Notification (1)	erret			Name	of Buildin	g Owner/Operator (	2)	2014 SEP 22		14.0		
	16 / _	14		Willi	am Arndt			OEP 25	7-14	C.		
Agencies Notified	Type Notifica	ation		_	t Address				- + +			
☐ EPA	Initial			3 I Ini	on Terrac	- A						
□ DOLWD	Amended				State, Zip (							
□ DHSS	Amendme											
☐ DCA (NJAC 5:23-8)	Emergend justification		ing		ville, NJ ( of Contac			Telephone Nu	ımhor			
(140/10/0.20-0)	Cancellat	2000						relephone ivi	moer			
					am Arndt							
N				FA	CILITY IN	FORMATION	g					
Name of Facility Where A	Abatement is T	aking Pla	ice (3)				Type of Facility					
Private home							School (K-1		1.0\			
Street Address							Other (i.e.	8 (Other than K- private and comments)	i 2) nercial bi	uildin	75	
3 Union Terrace							homes, etc.		oral b	on and	, ,	
City (5)		E2007.2					Square Feet	# of Floors	В	idg. A	ge	
Belleville, NJ 07109												
County (6)				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P	rior if being dem	olished)		7.50	
Essex						**************************************						
Name of Monitoring Firm	Hired by Build	ling Own	er (8)	ASCM	No.	Name of Abateme	ent Contractor (9	)				
						Gr Tech LLC		•				
Street Address						Street Address						
							202					
City, State, Zip Code						576 Valley Rd # City, State, Zip Co						
						Land The Control of t						
Project Manager for Moni	itoring Firm		To	ephone	No	Wayne, NJ 0747	70	I I innere No				
			10	Cprione	IVO.	TO SECTION CONTROL OF SUPERIORS		License No.				
Start Date (10)		Scheduled	Compl	-4i D-	4- 7441	973-638-1777		01127				
09 / 26 /	14		10.7		6.5	Name of OSHA M	lonitor					
				7_/	14	Envirovision Co	nsultants,Inc					
Occupancy Status During					i de la companya de l	Street Address						
Facility Closed/Vacate	ed During Entir	e Period	of Abat	ement		20-21 Wagaraw	Road, Bldg .#	34A				
Abatement Performed Time of Abatement:	Outside of No	ormal Fac	ility Hou	irs - Des	scribe	City, State, Zip Co						
					AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all	that apply)					Clean up	and decontami	nation with negat	ive pres	sure		
▼ >3 sf or >3 if		$\nabla$	Renova			Full Cont	tainment with Ne	gative Pressure				
>3 sf or >3 lf 2 160 sf or >260 lf		-	Demolit			Mini-Encl	osure	Tent with Negat	ive Press	sure		
		_				Non-Exe	mpted (*) and No	on-Friable Proce	dure	Juic		
			Is Loca						Ab	atem	ent T	vne
Location Containing			Norm			Description o				_	1	T
Asbestos-Containing N TO BE ABA			Ised Sol Mainten			stos Containing Mai		Amount	Remova	Repair	nc	Enclosure
IN Facilit		222	ustodial		(1.6	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>		(Specify SIF or LF)	NOU.	ar	sos	OSL
(13)	A.V	-	(12			other miscellane		On O. Li )	<u>w</u>		Encapsulate	9
		Υe	s No	N/A							o o	
Basement				X	Pipe inst	ulation		135 LF	X		П	П
		-	1	-						1		౼
Basement		ᆜᆜ		$\boxtimes$	Boiler in	sulation		12 SF	X		Ш	
												Ħ
Name of Registered Wast	te Hauler			DEP Wast	Hauler ID No.	Cubic Yards of Waste	Name of Da-	stered Londfill				
								stered Landtill				
Gr Tech LLC				003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470			-			TBD	Tullytown, P	A				=
Completed By (Print or Ty	/pe)	Title		200		Signature /			Date		-	$\neg$
N.Jevtic		Owner		32		4!	he ver	20	9/16/20	114		
SB-41		J., 11101				- Hev	su over	- 0	17/10/20	714		

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	9/17/2014				Name of I	Building (	Owner/Oper	ator (2)	* * , _				- 1	
	9/17/2014						Messe	rcola Enterpris	ses (	ho	25	1	76	
Agencies Notified  [ X ] EPA  [ ] DEP		l Notifica			Street Add	iress	РОВ	ox 790	ses C	Fit 5.	اردر	2024-1		
[x] DOL	Ame	nded Noti ndment #_ rgency (in			City, State	, Zip Coo		an, NJ 07747	1,					
[x] DOH		ication)	9		Name of 0	Contact Fernar	ndo		Telephone Nu	mber		5-73-110-c		
t j ben				EAC	III ITV D	12-10-11-11-11			1					
Name of Facility Where Ab	patement is Taking	Place (3)	1	FAC	CILITY IN	FURIV	ATION	Type of Facility	(4)					
	idence garage	(- )						[	] School (k-1	12)				
Street Address		West of the second						[	] Subchapter	8.		15		
	7. Oceanview I	Drive						[ x	Other (i.e., homes, etc.		comr	nercia	l build	lings,
City		County	(6)	7.	County Coo (STATE U		Y)	Square feet 1500 sf	# of Floor	rs	Bldg.	Age 60	)	
LBI		Ocean	1				3 th	Current Use (Pr	ior if being demol	lished)				
Name of Monitoring Firm I	Hired by Building	Owner (8)		-	ASCM No.		Name of	Abatement Contra	eidence actor (9)					
N/A	1	****							ardian Contrac	ting, In	c.			
Street Address							Street Ad		9 Route 9, Un	it 61				
City, State, Zip Code							City, Stat	e, Zip Code	ns River, New		0875	5_12	71	
Project Manager for Monito	oring Firm		Telephone 1	Number				e Number	Lice	ense Num		J-12	/ 1	
Scheduled Start Date (10)					ion Date (11)		732-349 Name of	OSHA Monitor		624				
9/17/14 Occupancy Status During A	batement (Check	only one)	9/18/1	4			Street Ad		I.S.L. Analytic	cal			) of the control	
[X] Facil	lity Closed/Vacated	d During l							6 Stelton Road	d				
	ement Performed	Outside o	f Normal Fa	cility Ho	ours		City, Stat	e, Zip Code				201	- 110	
									cataway, New			1		
Scope of Work (Check all t	hat apply)						[ ]	Full Contains Mini-Enclose	nent with Negativ	e Pressur	e			
[ ] >3 s:	f or ≥3 lf		[ ]	Renova	tion		ii	Glovebag Pro						
[x] ≥160	) sf or ≥260 lf		[ x ]	Demoli	tion		[x]	Non-Exempte	ed (*) and Non-Fr	iable Pro	cedure			
					T		4 +	1000		I	Abaten	nent T	ype	
		0.00	Is Location				Descriptio			F		R	Е	Е
Location of Asbestos-Containing M		N	ormally us Solely by				estos-Con laterial (A		Amour (Specify	nt H	3	E	N	N
TO BE ABA	<u>red</u>	Maint	enance/Cu				, thermal s		or LF	) P	V1	P A	C A	C L
in facility			Staff			insu	lation, sur			,	,	1	P	0
(13)			(12)			oth	VAT, o er miscella					R	S U	S
		YES	NO	N/A		Our	or miscena	incous)		ı			L	R
Exterior			X		Asbesto	os sidin	g		1400 sf		x +		Е	Е
	Exterior										1	7		
								$\dashv$	$\neg$	_				
												$\exists$		
Name of Registered Waste I Guardian Co	Hauler ntracting, Inc.	N	JDEP Waste	Hauler	ID No.	Cubic Ya	rds of Waste	Name of Re T.R.R.F	gistered Landfill			-		
City, State			20	Dispos	sal Date		City, Sta	te						
Toms River, Completed by (Print or Type	9/19/	'Signature	·^	1 IIIIya	wn Pennsylva	anta	Г	Date						
Nicholas Ferr			t Manage			110	hot	ter	7	10000	9/17/2	2014		
		*D	o not use t	his forn	n for asbest	tos licen	sure exem	pted activities.						

### State of NJ

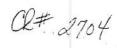
Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* EMERGENCY \*\*\*

B & G proj. #: 2014-166

Check # 6783

				LIVILIX	OLIVO		Elly Fra				
Date of Notification	1 (1)	Name	of Building Owr	ner/Operator (2	2)		TOM SEP 22	)			
10 19 1/117	1/11/4	Paul	Krasner				EUN SEP 22	17 57	-		
Agencies Notified	Type Notification	on Street A	Address				200				
☐ EPA	X Initial	164	Vreeland A	venue			*	3		ď	
DEP		City, St	ate, Zip Code								
X DOL	Amendm	nent Rut	herford, NJ	07070							-
X DOH		Name o	f Contact				Telephone	Number			
☐ DCA	Cancella	tion Doi	minick / Ven	tura Fuel							
			FAC	CILITY INFORM	MOITAN	l					
Name of facility w	here abatement is	taking place (3	)				Type of Facility (4	l) (K - 12)			
Paul Krasner	8							pter 8 (Other	than k	(-12)	
Street Address								rivate/Comm	ercial		
164 Vreeland	d Avenue						Square Feet   1	Homes, etc. # of Floors	В	lldg. Age	9
City (5)		County (6)				inty Code (7)			<u></u>		
Rutherford, I	NJ 07070	Bergen			(Sta	ite use only)	Current Use (Pri residential	or it being de	molish	iea)	- pulled
Name of Monitorin	ng Firm Hired by E	Bldg. Owner (8)		ASCM No.	-1	Name of Abatement C					- 25
n/a						B & G Restoration	n, Inc.				
Street Address		<del></del>			-	Street Address					
						105 Ryerson Ro	ad				
City, State, Zip Coo	de					City, State, Zip Code	1.07005				
						Lincoln Park, N	J 07035				
Project Manager fo	or Monitoring Firm		Phone Num	nber		Telephone Number (973)696-6869		License Nun 00378			
Scheduled Start Da	ate (10)	Sched. Con	npletion Date (	11)		Name of OSHA Monitor B & G Restoration					
09/19/2014	900 to 100 to	09/20/20	014			Street Address	ori, iric.				_
Occupancy Status		t (Check only or	ne)		-	105 Ryerson Ro	ad				
Facility close	ed/vacated during	entire period of	abatement.			City, State, Zip Code	E PROWOULL SIGN				
Abatement p	performed outside	of normal facility	hours-								
Describe: Other-Descr	ribe:					LincolnPark, NJ	07035			44	
Scope of Work (c	heck all that apply	)									
Demolition	X	Renovation			X	Full Containment w/nega	tive pressure	Glovebag	oroceo	lure	
>3 sf or >3 l	f 🔲	≥160 sf or ≥260	If			Mini-enclosure	- [	Non-friable	proc	edure	
Location of		Is location non		ely				R	R	E	Е
asbestos-co	_	by maintenance staff(12)	e/custodial			asbestos-containing	Amount (Specify S	For m	p	n	n
material to b abated in fac			No N/A	material	I (ACM)		LF)	o o	a	a	C L
		103						e	1	-	$\overline{}$
basement			X	boiler ins			36 sf 8 lf	X	뉘屵	╁╬┼	井
basement			X	pipe insu	ulation		0 11		뉴	+	片
				=			<del></del>		片	十十十	H
									片	11	౼
Registered Waste	Hauler	NJDEP H	auler ID#	Cubic Yards of	fWaste	Name of Registered L	andfill		1	1-4-1	
B & G Restora	ation, Inc.	1956	3	1		Tullytown F	Resource & Re	covery Ce	nter		
City, State Lincoln Park,	NJ		Disposal 09	Date 9/22/2014		City, State Tullytown, F	PA			#_	
Completed by (Prin	nt or Type)	Title	- L	Signature		Gordana Luna		Date 09/17/20	)14		
Gordana Luna	d	Secretary/Tr	casulei	10		0		00/11/20	1.1		

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



Date of Notification (1)	A AN A STATE OF THE STATE OF TH		Name	of Building	Owner/Operator (2	2)	4 W 65				
9 / 16 /	14		Prir	nceton U	niversity-Office	of Design and	Construction	Ĺi	112	0	
Agencies Notified Type Notific	ation		Street	Address						•-	
☐ EPA ☐ Initial			200	Elm Dr.							
☑ DOLWD ☐ Amende			City, S	State, Zip C	Code				*		
□ DHSS Amendm	nent # ncy (includin		Prin	nceton, N	IJ 08544						
DCA Emerger (NJAC 5:23-8) justificat		g	Name	of Contac	t		Telephone Num	ber			
☐ Cancella			Rob	ert Orte	go						
			FAC	CILITY IN	FORMATION			100			
Name of Facility Where Abatement is	Taking Plac	e (3)	0000120000			Type of Facility	(4)			69	
Princeton University-Moffett H	lall				**	School (K-12					
Street Address						Subchapter 8	B (Other than K-12 rivate and comme	) rcial bu	ildina	•	
Washington Rd.						homes, etc.)		olai ba	u.ig	Ο,	
City (5)						Square Feet	# of Floors	Ble	dg. A	ge	
Princeton											
County (6)			Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
MERCER											
Name of Monitoring Firm Hired by Buil	lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
ATC Associates Inc.			0009	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address	100	100			Street Address						
Three Terri Center					1123 BEAVER	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Burlington, NJ 08016					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael Keehn			09-386	(DENEMBER	215-788-6040		00509			2000	
	Scheduled (				Name of OSHA M						
9 / 29 / 14	10	1	/ .	14	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During Ent					1123 BEAVER	R STREET					
☐ Abatement Performed Outside of N Time of Abatement: 6:30AM-3:30				cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that apply)					BRISTOL, FA	13001					-
⊠ >3 sf or >3 lf	Mρ	enova	tion		⊠ Full Cont ☐ Mini-Enc	ainment with Neg	gative Pressure	34			
☐ ≥160 sf or ≥260 lf	100000	emolit			☐ Glovebag						
	1000			_	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
	1	s Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACI	un Us	Norma ed So	lely by	Ache	Description o stos Containing Ma		Amount	Re	Re	E	雪
TO BE ABATED	vi) M	ainten	ance/		e, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility	Cu	stodial 12)	Staff?		surfacing, VAT,		SF or LF)	\alpha		Encapsulate	ure
(13)	Yes	1		1	other miscellane	ous)				हिं	
Corridor 068 in Basement		$\boxtimes$		Pipe In:	sulation		6 LF				
				-				$\boxtimes$			
		+		<u> </u>				10			
				-				ᆜ	片		-
										Ш	
Name of Registered Waste Hauler			NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
BRISTOL ENVIRONMENTAL, I	NC.		18706			17.77.77.77.79	. NORTH LAND	TILL			
City, State					Disposal Date	City, State					
BRISTOL, PA 19007						MORRISVI	LLE, PA 19067			35	
Completed By (Print or Type)	Title				Signature	1 1.	/ . D	ate	/	,	
Brian Scafiro	Estima	ator			Drian;	Scalero 1	il	9/16	//	4	

ASB-41 BS 14074-B

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

### State of NJ

B & G proj. #: 2014-167

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

Check # 6786

Date of Notification (1)	IIN	lame of Buil	dina Own	er/Operator (2)										
0 19 1/1 19 1/11 14		Alice M L	100 - 100 -						7 9	2 8 10				
Agencies Notified Type Notifica	ation	treet Addres	SS				LJI	186722		1 63	i ,			
DEP Initial	1.1	31 Bayvi		nue										
	dment	ity, State, Z Jersey C		07305										
▼ DOH		ame of Cont	tact				Telephone	e Number						
☐ DCA ☐ Cance	llation	Alice M	Lanier											
			FACI	LITY INFORM	ATION	***								
Name of facility where abatement	t is taking pla	ace (3)					Type of Facility (	4)   (K - 12)	3328-333					
Alice M Lanier								apter 8 (Othe	r thar	K-12)				
Street Address				***************************************			X Other (	Private/Com						
31 Bayview Avenue								Homes, etc. # of Floors	T	Bldg. A	ge			
City (5)	Cour	nty (6)			20.000704	nty Code (7)								
Jersey City, NJ 07305		dson			(Stat	e use only)	Current Use (Pr residential	ior if being d	emoli	shed)				
Name of Monitoring Firm Hired by	y Bldg. Own	er (8)		ASCM No.		Name of Abatement Contractor (9)								
n/a					_	B & G Restorati	on, Inc.							
Street Address						105 Ryerson R	oad							
City, State, Zip Code					-1	City, State, Zip Code								
						Lincoln Park, I	NJ 07035							
Project Manager for Monitoring Fir	m	Pho	one Numb	er		Telephone Number (973)696-686	9	License Nu 0037						
Scheduled Start Date (10)	Sched	I. Completio	n Date (11	)	-1	Name of OSHA Moni		i se produce de la composición de la c						
09/29/2014	09/3	30/2014				B & G Restorat Street Address	ion, inc.							
Occupancy Status During Abatem	ent (Check o	only one)			-	105 Ryerson R	oad	40 to						
Facility closed/vacated durin  Abatement performed outside						City, State, Zip Code								
Describe:	e of Horman	racinty riours	·-		-11	LincolnPark, N.	1 07035							
Other-Describe: Scope of Work (check all that app	alv)				- 11									
Demolition		on			□F	ull Containment w/neg	ative pressure		proce	dure				
	≥160 sf or	≥260 If			X M	lini-enclosure		Non-friab						
Location of		n normally u						F	8 11 100	3 7	E			
asbestos-containing material to be	staff(12)	enance/custo	Julai	Description material (		bestos-containing	Amount (Specify S		ן ו	C	n			
abated in facility (13)	Yes	No	N/A	material (	,,		LF)	v e	i	a p	L			
basement	-		×	pipe insula	ation		15 lf							
									┼	<del>  </del>	井			
			-				-		쓔	ㅐ믐	卅			
	+								ite	ite	旨			
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler II 19563	)# C	ubic Yards of V	Vaste	Name of Registered Tullytown	Landfill Resource & Re	covery Ce	nter					
City, State Lincoln Park, NJ		Į.	Disposal D 09/	ate 30/2014		City, State Tullytown,	PA							
Completed by (Print or Type) Gordana Luna	Title Secreta	ry/Treasu	rer	Signature	(	Gordana Luna		Date 09/19/2	014					

(K 000)

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

D&S Proj. #: 14-366

Date of Notification (1)				er/Operator (2)	)		ich :	EP 22		r				
Agencies Notified   Type Notif			s and Karer	Battle					4 1 7	C+ :	100			
EPA Initial	lication   S	Street Ad	dress											
□ DEP □ Amende	d	10 Sad	dle Ridge F	Road										
Amendmer	nt #:   ि	ity, State	e, Zip Code						• •					
DOL Emerger	ncv	Но-Но	-Kus, NJ 0	7423										
DOH (includin	g In	lame of C					Telepho	ne Numbe	r		_	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		
DCA justificat							1							
Cancella Cancella	ation	Thom	as Battle											
12			FAC	ILITY INFORM	IATION									
Name of facility where abateme	ent is taking pla	ace (3)					Type of Facility Scho	(4) ol (K - 12)						
THOMAS AND KAREN	BATTLE		-14					hapter 8 (C		nan K	-12)			
Street Address								(Private/C		rcial				
10 Saddle Ridge Road							Square Feet	./Homes, e		Ble	dg. A	ge		
City (5)	Cour	nty (6)				nty Code (7)								
Ho-Ho-Kus	Ret	gen			(Stat	te use only)	Current Use (I	Prior if beir	ng dem	olishe	ed)			
Name of Monitoring Firm Hired				ASCM No.		Name of Abatement C	Contractor (9)							
	, ,	, ,				D & S RESTORATION, INC.								
Street Address		-			-	Street Address								
						20 California Av	e.							
City, State, Zip Code						City, State, Zip Code		-	-		-			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Ш	Paterson, NJ 075	503							
Project Manager for Monitoring	Firm		Phone Numb	er		Telephone Number	703	License	Numb	er				
Treject manager for morntoning			i none rame			973-345-8020			1169					
Start Date (10)	ISoboo	Compl	etion Date (1	()		Name of OSHA Monit	or							
1.3-500000005543-79-00000, N-10000-71			ellon Date (1	')		D & S Restoration	on, Inc.							
10/06/14 Occupancy Status During Abate	10/10					Street Address								
	333				- 11	20 California Ave	enue							
Facility closed/vacated du  Abatement performed out						City, State, Zip Code								
Describe:		racility riv	Jul 3-		_ 11		250/27							
Other-Describe: NORMA	AL HOURS				- 11	Paterson, NJ 075	503							
Scope of Work (check all that a	apply)						ull Containment	w/negative	press	ure				
> 3  sf or $> 3 $ If	Renovation	n					fini-enclosure							
≥160 sf or ≥260 lf	☐ Demolition	n					Non-Exempted (*		-friable	proce	edure			
Location of	Is locatio	n norma	ly used solely	/				,	R	R	E			
asbestos-containing	by mainte	enance/c	ustodial	Description	on of as	sbestos-containing	Amount		e m	e	n	E n		
material (acm) to be	staff(12)	-		material		o o o o o o o o o o o o o o o o o o o	(Specify	SF or	0	p a	c a	С		
abated in facility (13)	Yes	No	N/A			1	LF)		v	i	p	L		
BASEMENT			_	PIPE INSU	ΠΑΤΙ	ON	8111ft	+	e	4	П	+		
BASEMENT				VINYL ast			32 sq ft			片	片	卄		
DASEMENT			=	VIVIL asc	cstos	TILL	32 sq 1t		╬	片	H	묶		
		<b>—</b>			7-16-2				╬	H	H	片		
		<b> </b>	=						╬	片	H	卄		
Registered Waste Hauler		EP Haule	er ID# C	ubic Yards of	Waste	Name of Registered	l Landfill	+	-					
D & S RESTORATION, IN		506		10 yds		TULLYTOWN, I		ECOVE	RY					
City, State Disposal Date						City, State		10						
PATERSON, NJ 07503 10/07/14						TULLYTOWN, PA								
Completed by (Print or Type) Title Signature								Date	93.739					
BOGDAN JOLDZIC PRESIDENT  * Do not use this form for asbestos licensure								09/16	/14					
ASR-41	empted	d activities.												

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D&S Proj. #: 2014-

Date of Notification (1)			.500 	er/Operator (2)			Ch. CF	2.,				
Agencies Notified   Type Notificati			A ROTHS	TEIN	_			1 1 1	01.	3		
EPA   Initial	118	Street Addr	ess									
□ DEP □ Amended		90 FRA	NKLIN ST	FREET			· 7					
Amendment #:	[7	City, State,	Zip Code									
DOL Emergency		ENGLE	WOOD, N	NJ 07631								
DOH (including		lame of Co					Telephor	ne Numbe	r			and the same of the same
□ DCA □ justification)		ENCLE	WOOD 1	NI 07621		225						
Cancellation		ENGLE		NJ 07631	4.TIO							
Name of facility where shatement is	- talda - al	(0)	FACI	LITY INFORM	ATION	· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				
Name of facility where abatement is	s taking pi	ace (3)					Type of Facility School	(4) ol (K - 12)				
ELYSHA ROTHSTEIN								napter 8 (C		han K	-12)	
Street Address							(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(Private/C			)	
								.Homes, e				
90 FRANKLIN STREET							Square Feet	# of Floo	rs	В	dg. A	ge
City (5)	Cou	nty (6)				nty Code (7)						
ENGLEWOOD	DE	DOEN			(Sta	te use only)	Current Use (F	rior if beir	ig den	olish	ed)	
ENGLEWOOD  Name of Monitoring Firm Hired by B		RGEN				INC of the second	0 1 (0)					
Name of Monitoring Firm Fired by E	siag. Own	er (8)		ASCM No.		Name of Abatement	5/3/					
					_	D & S RESTOR	ATION, INC.					
Street Address						Street Address						
						20 California Av	ve.					
City, State, Zip Code						City, State, Zip Code						
					_	Paterson, NJ 07	503					
Project Manager for Monitoring Firm		PI	hone Numb	er		Telephone Number		License		er		
						973-345-8020		0	1169			
Start Date (10)	Sched	d. Completi	on Date (11	)	$\exists$	Name of OSHA Moni						
00/22/14	00.00	0/1.4				D & S Restorati	on, Inc.					
09/22/14	09/30				_	Street Address						
Occupancy Status During Abatemen			2000 DUS			20 California Av	enue			0/2/02/23		
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe:					_	D. 1110	500					
Other-Describe: NORMAL H					-	Paterson, NJ 07	503					
Scope of Work (check all that apply	')						Full Containment	w/negative	press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	on				- Contractor - Con	Mini-enclosure					
≥160 sf or ≥260 lf	Demolition	n					Glovebag procedu Non-Exempted (*)		friable	proc	edure	
Location of	Is locatio	n normally	used solely	1			Ton Exemples ()	and mon	TR	R	E	
asbestos-containing		enance/cus	stodial	Description	n of a	sbestos-containing	Amount		e m	e	n	E n
material (acm) to be	staff(12)	1	<del> </del>	material (		obodioo oontaniing	(Specify S	SF or	0	a	c a	C
abated in facility (13)	Yes	No	N/A				LF)		v	i	p	L
BASEMENT			_	PIPE INSU	ΙΔΤΙ	ON	460 L FT		e	<u></u>		<del> </del>
BASEMENT				BOILER IN			400 E FT			H	H	H
DASEMILITI				BOILERIN	OUL.	ATION	40 3Q F1			屵	片	+
					-				+-	屵	片	1
									1	Ш	닏	14
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler	100	ubic Yards of V	Vaste	Name of Registered		ECOVET	v			17
City, State		700	Disposal D	YDS		TULLYTOWN,	RESOURCE R	ECUVER	(I			Ministra III
PATERSON, NJ 07503			09/23/14			City, State TULLYTOWN,	DΔ					
Completed by (Print or Type)	Title		05/25/1	Signature		TOLLITOWN,	17	Date		-	_	
BOGDAN JOLDZIC	PRESID	ENT		Oignature				09/16/	/14			
			for asbesto	s licensure exe	empted	d activities.		05/10/	, τ	1.000		

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D&S Proj. #: 2014-371

Date of Notification (1)	TI!	Name of Bu	ilding Own	er/Operator (2	)		1.1	(EF 22)	1.10	1.7	2000000						
0 9 / 1 6 / 1 4		PATRIC	IA MAY					A52507.2.10									
Agencies Notified Type Notificat	ion 3	Street Addre	ess							,							
DEP Amended		551 BEL	LEVILL	E AVENUE													
Amendment #:		City, State, 2	Zip Code														
		GLEN R	EIDGE, N	IJ 07028													
DOH (including justification)		lame of Cor	ntact					Telephon	e Number		-						
DCA Cancellation		PATRIC	CIA MAY	7				L.									
Curiosilation				ILITY INFORM	MATION			-									
Name of facility where abatement	s taking pl	ace (3)					Туре	of Facility (	4)								
PATRICIA MAY		3.50.2					[		(K - 12)	hhar th	oon V	10\					
Street Address							Subchapter 8 (Other than K-12)  Other (Private/Commercial										
	25						Bidgs./Homes, etc.										
551 BELLEVILLE AVENUE							Squa	Bio	dg. Ag	ge							
City (5)	Cou	nty (6)				nty Code (7)											
GLEN RIDGE	ES	SEX			(Sta	te use only)	Curre	ent Use (Pr	(Prior if being demolished)								
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	<u>'                                    </u>	Name of Abatemen	t Contrac	tor (9)									
						D & S RESTORATION, INC.											
Street Address						Street Address											
						20 California A											
City, State, Zip Code						City, State, Zip Code											
Daily Control of the second						Paterson, NJ 0	the second secon		-								
Project Manager for Monitoring Firm		Ph	one Numb	er		Telephone Number			License	Numb 1169	er						
			-			973-345-8020 Name of OSHA Mo				1109							
Start Date (10)	Sched	d. Completion	on Date (1	1)		D & S Restora											
09/19/14	09/2	4/14				Street Address	tron, me										
Occupancy Status During Abatemer	nt (Check o	only one)				20 California A	venue										
Facility closed/vacated during						City, State, Zip Cod	е	_									
Abatement performed outside Describe:	of normal	facility hour	'S-														
Other-Describe: NORMAL H	OURS				_	Paterson, NJ 0	7503										
Scope of Work (check all that apply	()						Full Con	tainment w	/negative	press	ure						
$\boxtimes$ >3 sf or >3 lf	Renovation	on					Mini-end										
≥160 sf or ≥260 lf	Demolitio	n				ř		g procedur empted (*)		friable	proce	edure					
Location of		n normally		/			1	ompiou ( )	u. 10 1 10 11	R	R	E					
asbestos-containing	by mainte staff(12)	enance/cus	todial	Descripti	on of as	sbestos-containing		Amount		e m	e p	n	E n				
material (acm) to be abated in facility (13)		Γ	T-	material				(Specify S LF)	For	0	a	c a	С				
	Yes	No	N/A					,		v e	i	р	L				
BASEMENT		X		PIPE INSU	ЛАТІ	ON	76	LFT		M							
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler I 506		cubic Yards of YD	Waste	Name of Registere TULLYTOWN		JRCE RE	COVER	Y							
City, State			Disposal D			City, State	,			- Units							
PATERSON, NJ 07503		09/22/1	4		TULLYTOWN	N, PA											
Completed by (Print or Type)			Signature					Date									
BOGDAN JOLDZIC	PRESID			<u> </u>					09/16	/2014							
ACD 44	Do not un	a this form	for achest	oc liconouro ov	omnt-	d a ativities											

( K- 004 569

D&S Proj. #: 2014-372

				5000				
Date of Notification (1)	Name of Building Own	er/Operator (2)		-11 021	دد ۱.1 <u>۲</u> :	F		
0 9 / 1 7 / 1 4	ALARGON PHIL	LIPS				-6		
Agencies Notified   Type Notification   EPA   Initial	Street Address				£			-
DEP Amended	214 WEST MARK	KET STREET		- t				
Amendment #:	City, State, Zip Code							
DOL Emergency	Newark, NJ 0710	6						
DOH (including justification)	Name of Contact			Telephor	ne Number			
☐ DCA ☐ Cancellation	ALARGON PHII	LIPS		I	_			
	FACI	ILITY INFORMA	TION		_			
Name of facility where abatement is taking	g place (3)			Type of Facility				
ALARGON PHILLIPS				11 🗎	ol (K - 12)			
Street Address					napter 8 (Other t (Private/Comme		-12)	
5 - Particular State of the Sta					/Homes, etc.	HCIAI		
214 WEST MARKET STREET				Square Feet	# of Floors	BI	dg. A	.ge
City (5)	County (6)		County Code (7) (State use only)					
Newark	ESSEX		(State use only)	Current Use (P	Prior if being dem	olishe	ed)	
Name of Monitoring Firm Hired by Bldg. O		ASCM No.	Name of Abatem	nent Contractor (9)				
			D & S REST	ORATION, INC.				
Street Address			Street Address				-	
		26	20 Californi	a Ave.				
City, State, Zip Code			City, State, Zip C	ode				
			Paterson, N.	J 07503				
Project Manager for Monitoring Firm	Phone Numb	er	Telephone Numb		License Numb	oer		
			973-345-80		01169			
Start Date (10)	hed. Completion Date (11	)	Name of OSHA I					
09/23/14 . 09	9/30/14		Street Address	nation, mc.			Ni kana	
Occupancy Status During Abatement (Cher	ck only one)		20 California	a Avenue				
Facility closed/vacated during entire			City, State, Zip C				_	
Abatement performed outside of norr Describe:	nal facility hours-		_					
Other-Describe: NORMAL HOURS			Paterson, N.	J 07503				
Scope of Work (check all that apply)				Full Containment v	v/negative press	ure		
≥3 sf or ≥3 lf     Renov	ration			<ul><li>☑ Mini-enclosure</li><li>☒ Glovebag procedu</li></ul>	Iro.			338
≥160 sf or ≥260 lf Demol	lition <sub>.</sub>			Non-Exempted (*)		proce	edure	•
Location of	ation normally used solely aintenance/custodial	1			R	R	Е	E
asbestos-containing material (acm) to be			of asbestos-containin	g Amount (Specify S	l m	p	n	n
abated in facility (13)	No N/A	material (A	GM)	LF)	o o	a	a	C L
D. A. GED. SED. VIII.		DWG DIGIT	· mrovi		е	r	р	-
BASEMENT		PIPE INSUL	ATION	24 L FT		쁜	屵	쁜
						片	부	ዙ
						님	片	1
						님	片	H
Registered Waste Hauler	JDEP Hauler ID# C	ubic Yards of Wa	aste   Name of Registe	ered Landfill		Ш	Ш	1
D & S RESTORATION, INC.	13506 1	YD		VN, RESOURCE RE	ECOVERY			
City, State	Disposal D		City, State					
PATERSON, NJ 07503	09/24/14		TULLYTOV	WN, PA	<u></u>			
Completed by (Print or Type) Title BOGDAN JOLDZIC PRES	SIDENT	Signature			Date 09/17/14			
	t use this form for asbesto	s licensure exer	npted activities.		09/1//14			

CK 004370

D&S Proj. #: 2014-373

Date of Notification			Name of Building Owner/Operator (2)  ROBERT NEWSOME													
Agencies Notified		tion	ROBERT		OME		Water State			0						
EPA	Initial		Street Addre	ess												
☐ DEP	Amended				AVENUE				- 1		SI .					
	Amendment #:	[	City, State, 2	Zip Code												
M DOL			NO. PL	AINFIEL	D, NJ 07060	)										
☑ DOH	(including justification)		lame of Cor	ntact					Telepho	ne Numbe	r					
☐ DCA	Cancellation	- 11	ROBER	T NEWS	OME				13							
	- Carloenation				ILITY INFORM	IATION	r ,					_				
Name of facility w	here abatement	is taking pl	ace (3)					Tvr	e of Facility	(4)						
•			(-)					1		ol (K - 12)						
ROBERT NEV	VSOME								☐ Subcl	napter 8 (C	Other th	nan K	-12)			
Street Address			X.00.0 VIII.							(Private/C		rcial	35			
265 JEFFERS	ON AVENUE						24	So	uare Feet	# of Floo		Bl	dg. A	ge		
City (5)		Cou	nty (6)			Cou	nty Code (7)							-		
							te use only)	Current Use (Prior if being demolished)								
NO. PLAINF			MERSET				1900				-					
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatemer	it Contr	actor (9)							
							D & S RESTOR	RATIO	ON, INC.							
Street Address							Street Address									
							20 California A	Ave.								
City, State, Zip Coo	de					_	City, State, Zip Cod	е					F-15			
							Paterson, NJ 0	7503								
Project Manager fo	or Monitoring Firm	1	Pr	one Numb	er		Telephone Number			License	Numb	er				
							973-345-802	0		0	1169					
Start Date (10)	-	IScher	d. Completion	on Date (1	1)	_	Name of OSHA Mo	nitor								
				on Dato (1	.7		D & S Restora	tion, I	nc.							
09/18/14		09/30		50.000 Later 1/2-14-14-14-14-14-14-14-14-14-14-14-14-14-			Street Address									
Occupancy Status	6574	26	5/5/A 5/A				20 California A	venue	>							
	d/vacated during erformed outside					#1	City, State, Zip Cod	е			7.					
Describe:			lacility floui	15-												
Other-Descri	ibe: NORMAL H	IOURS				-1	Paterson, NJ 0	7503								
Scope of Work (ch		y)						Full C	ontainment	w/negative	press	ure				
$\boxtimes$ >3 sf or >3 lf	$\boxtimes$	Renovation	on					=	enclosure							
≥160 sf or ≥2	260 If	Demolition	n				¥		ebag procedu Exempted (*)		friable	proce	dura			
Logation of		Is locatio	n normally	used solely	/			1 14011-1	Exempled (	and Non-	R	R	E	T		
Location of asbestos-cor	ntaining	by mainte	enance/cus		1	on of a	sbestos-containing		Amount		e	е	n	E n		
material (acr		staff(12)			material (		spesios-containing	- 1	(Specify	SF or	m o	p a	С	C		
abated in fac	cility (13)	Yes	No	N/A					LF)		v	i	a p	L		
DACEMENT				-	DIDE DICE	T A TT	ON		00 1 fs		e	-	<del>_</del>	₩		
BASEMENT			H		PIPE INSU	LAII	ON		28 1 ft		NA.	무	井	ዙ		
100					-						╬	무	부	ዙ		
				4-							#	닏	부			
-					-						44		닏			
Pogiatored Mant	Joules				l Valentia Vanala al Vanal	λ/a = :	IN /s		Iru			Ц	Ц			
Registered Waste F D & S RESTOR		NJD 135	EP Hauler I 506		ubic Yards of V	/vaste	Name of Registere TULLYTOWN			ECOVER	Υ					
City, State				Disposal D			City, State	,,	J OROL K	200111			-			
PATERSON, N	IJ 07503			09/19/1			TULLYTOWN	N, PA								
Completed by (Prin		Title			Signature		1	,		Date						
BOGDAN JOL		PRESID	ENT							09/17/	14					
ACD 44				for appost	os liconeuro ov	omoto	dactivition									

EDS14-330

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

Page 1 of 1 Check # 1339

Date of Notification (1) 9-17-2014	Name of Building Owner/Operator (2) Plainfield Public School  Street Address															
	T					ic Sch	1001			CULL	SEP.	22	1 6	4		
Agencies Notified  EPA	Type Notification  Initial		- 1	Street Ad 920 Pa	ark Ave								O O	. ' · ·		
DEP X DOL	Amended Amendment				te, Zip Co eld, NJ (					8.5						
DOH DCA	Emergency (i justification) Cancellation	ncluding	11 (3)		Contact e Camp	hall	***			Telep	hone N	lumber	-			
L DCA	Cancellation			_	LITY INFO	STATE OF THE PARTY	ION									
Name of Facility Where Cedarbrook Eleme		Place (3)		FACI	LIITINFO	JKIVIAI	ION	Type of F	acility (4)							
Street Address	Thary School								ool (K-12) chapter 8	(Other	than K	12\				
1049 Central Ave									er (i.e. priv				dings	hom	es,	
City (5) Plainfield								Square Fo	eet	# of F	loors		3ldg. <i>F</i> 50+	\ge		
County (6) Union		***************************************			Code (7) JSE ONLY)			Current U School	lse (Prior i	if being	demol	lished)				
Name of Monitoring Firm		wner (8)		ASCN 0000				Name of Abatement Contractor (9) GL Group, Inc								
Street Address	110			Street A						-						
1253 North Church						40 Hamburg Turnpike										
Moorestown, NJ 08	v, State, Zip Code porestown, NJ 08057						City, State, Zip Code Bloomingdale, NJ 07403									
Project Manager for Mor Mary Ellen Leotta	Project Manager for Monitoring Firm Mary Ellen Leotta					//		one No. 710-972	5	100	License 01084					
Start Date (10) 9-19-2014 at 6:00p		Scheduled 9-22-201		The state of the s				of OSHA N								
Occupancy Status Durin	g Abatement (Check	Only One)						Address				<u> </u>				
Facility Closed/Vac	ated During Entire P	eriod of Ab	ateme	ent			140 H	Hamburg	Turnpik	ке						
Abatement Perform Other – Describe:	ned Outside of Norma	al Facility H	ours			_		tate, Zip Co ningdale		403						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	novati				Full Containment with Negative Pressur  Mini-Enclosure  Glovebag Procedure					sure				
								Non-Exempted (*) and Non-Friable Procedure					е			
		100000000000000000000000000000000000000	catio											ement pe	t	
Location Asbestos-Containing		Used	Solely	/ by	Ashest		Description of Containing Material (ACM)			Ame	ount			m		
TO BE AB	ATED	Maint Custoo		2826		thermal	systems	insulation		(Spe	ecify	Re	Z.	nca	Enc	
In Faci (13)			12)				cing, VA miscellan			SFO	or LF)	Remova	Repair	Encapsulate	Enclosure	
1050 SM		Yes	No	N/A								<u>a</u>	,	ate	Ге	
Corridor (C02) Outside	Boiler Rm (BR11	2)	Х			Pipe	Insulat	tion		8	LF	X				
			-		III mijes							-				
Name of Registered Was	ste Hauler		NJ	DEP W	aste	Cubic	Yards	Na	me of Re	gistere	d Land	fill			Щ	
GL Group, Inc	Hauler ID No. of W			of Wa	of Waste						20					
City, State Bloomingdale, NJ	Disposal Date TBD															
Completed by Title					Signatur				111/			Date				
Michael B Solakov							186		9	9-17-2	014					

D&S Proj. #: 2014-369

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

CK 006345

							2111 00	***							
Date of Notification (1)		Name of Bu	ilding Owr	er/Operator (2	)		2011 GZ1	22 1	47	. 1					
10 19 1/1 15 1/1 14		WELLS	FARGO I	BANK						W.					
Agencies Notified Type Notificati	on S	Street Addre	ess				: 1								
DEP Amended		212 NO	TINGH	AM WAY				4							
Amendment #:	10	City, State,	Zip Code												
	— II	HILLSI	DE, NJ 0	7205											
DOH (including justification)	IN	ame of Co			-		Telephon	e Number							
DCA Cancellation		LOIS D	UNN												
- Carrosiation				ILITY INFORM	MATION	l									
Name of facility where abatement is	s taking pla	ace (3)			-		Type of Facility (	4)	500000						
WELL CEARCO DANIE						1	Schoo	ol (K - 12)							
WELLS FARGO BANK Street Address							The state of the s	apter 8 (O			-12)				
Street Address						1		(Private/Co /Homes, et		rcial					
212 NOTTINGHAM WAY								# of Floor		BI	dg. A	ge			
City (5)	Cour	nty (6)			100000000000000000000000000000000000000	inty Code (7)									
HILLSIDE	BE	RGEN			(Sta	te use only)	Current Use (Pr	Prior if being demolished)							
Name of Monitoring Firm Hired by E		SPECIFICATION		ASCM No.	┺Т	Name of Abatement									
						D & S RESTORATION, INC.									
Street Address						Street Address									
						20 California A	ve.								
City, State, Zip Code			***************************************			City, State, Zip Code									
						Paterson, NJ 07	503								
Project Manager for Monitoring Firm		Ph	none Numb	er		Telephone Number		License		er					
,						973-345-8020 Name of OSHA Mon	itor	10	1169		_				
Start Date (10)	Sched	I. Completi	on Date (1	1)		D & S Restorati									
09/16/14	09/30	0/14				Street Address	on, me.	and the latest the			art when				
Occupancy Status During Abatemen	t (Check o	nly one)		1		20 California Av	enue e								
Facility closed/vacated during						City, State, Zip Code									
Abatement performed outside Describe:		facility hou	rs-			5, 01 50 11									
Other-Describe: NORMAL H	OURS				_	Paterson, NJ 07	503								
Scope of Work (check all that apply	)						Full Containment w	/negative	press	ure					
$\boxtimes$ >3 sf or >3 lf	Renovation	n					Mini-enclosure								
≥160 sf or ≥260 lf	Demolition	1					Glovebag procedur Non-Exempted (*)		friable	nroc	edure	1			
Location of		n normally		/			1		R	R	E	T			
asbestos-containing	by mainte staff(12)	enance/cus	todial			sbestos-containing	Amount	_	e m	e p	n c	E n			
material (acm) to be abated in facility (13)	Yes	Ne	NI/A	material	(ACM)		(Specify S LF)	-F or	0	a	. a	C			
-020 st	165	No	N/A		,		5534		e e	r	р	-			
BASEMENT				PIPE INSU	<b>ILATI</b>	ON	25 L FT		X						
Registered Waste Hauler	INTE	Dillerie	D# 12	ubio Varda at 1	Manta	INIoma -/ Daris :	1								
D & S RESTORATION, INC.	135	EP Hauler I 506		ubic Yards of V VD	vvdSle	Name of Registered TULLYTOWN,		COVER	Y						
City, State			Disposal D			City, State						-			
PATERSON, NJ 07503			09/17/1	4		TULLYTOWN,	PA								
Completed by (Print or Type)			Signature				Date								
BOGDAN JOLDZIC	ENT														

(K 1759

## Str of New Jersey NOTIFICATION UF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) Name of Building Owner/Operator (2)														
	17 /	Name of Building Owner/Operator (2)    14   Richard Hawkins   Rich												
Agencies Notified	Type Notif	fication			Stree	t Address				-,	-			
⊠ EPA					11	Water St	reet		ing.					
☑ DOLWD	☐ Amend				City,	State, Zip	Code							
☑ DOH ☐ DCA		lment#			Vie	nna, NJ	07880		**					
(NJAC 5:23-8)	☐ Emerge justifica		ciuaing	3	Name	of Contac	ot '		Telephone Numb	er				
(	☐ Cancel	[일본] [일본] (10년 4)			Ric	hard Ha	wkins							
					FA	CILITY IN	NFORMATION							
Name of Facility Where A	batement is	s Takin	Place	(3)				Type of Facility (	(4)					
Residential House								School (K-12						
Street Address									(Other than K-12) ivate and commerce		ilding	15		
11 Water Street							140	homes, etc.)		nai bu	ai buildings,			
City (5)					7.00			Square Feet	# of Floors	Ble	dg. A	ge		
Vienna, NJ 07880														
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)				
Warren						5	2 2 2							
Name of Monitoring Firm	Hired by Bu	uilding (	)wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-			
Bio Terra Solutions							ALL PRO MA	NAGEMENT L	LC					
Street Address							Street Address	)						
P.O. Box 1224							27 Outwater I							
City, State, Zip Code				City, State, Zip Code										
Union, NJ Project Manager for Monit	toring Firm		Garfield, NJ 07026  Telephone No. Telephone No. License No.											
Rick Eustaquio	oning rinn			7000	73-494		Telephone No. 973-928-4888		License No.					
Start Date (10)		Sched	uled C	4	etion Da	24411317	Name of OSHA M		1100	- 200				
09/27/	14_				2_ /			NAGEMENT LI	_C					
Occupancy Status During	Abatement	t (Check	only o	one)			Street Address					_		
☑ Facility Closed/Vacated	d During Er	ntire Pe	riod of	Abate	ement		27 Outwater I	er Lane						
☐ Abatement Performed							City, State, Zip Co	ode		T				
Time of Abatement:	AM	P	Λ/	_PM		AM	Garfield, NJ	07026						
Scope of Work (Check all	that apply)						▼ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf			Re		2000 E 000		☐ Mini-Enc	losure	auve i ressure					
≥160 sf or ≥260 lf			☑ De	moliti	on		☐ Glovebaç		n-Friable Procedure					
			le	Loca	tion		☑ Non-Exe	mpted (") and Nor	n-Friable Procedure	-	The state of the s			
Location of	of		1 2	Vorma			Description o	f		Ab	ateme	ent T	ype	
Asbestos-Containing N		CM)			ely by	Asbe	estos Containing Ma		Amount	Re	Re	Enc	En	
TO BE ABAT					ance/ Staff?	(i.∈	e., thermal systems i		(Specify	Removal	Repair	) Di	Enclosure	
IN Facility (13)	1		,	(12)			surfacing, VAT, other miscellane		SF or LF)	20		Encapsulate	ure	
()			Yes	No	N/A		ou or moodiano					õ		
1 <sup>st</sup> Floor Den					$\boxtimes$	VAT			210 SF			$\boxtimes$		
Name of Registered Waste	e Hauler			1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill					
Newark Carting				H	lauler II 04509		Waste As Needed	IESI Landfi						
City, State					U-100		Disposal Date	City, State						
Newark, NJ							TBD	Bethlehem	, PA					
Completed By (Print or Typ	pe)	Title					Signature	1 6	Dat	e			-	
Allen Monchik	1.0000000	Pi	oject	Man	ager		1/ F)/h	// _						
ASB-41					955			V						

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

**JAN 13**