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

| Data of Nace | | | | | | | | na_ | <u>L_ </u> | W |
|--|--|----------------|---------------|-------------------------|----------|---|--|---------|--------------|------------|
| Date of Notification (1) 09/20/16 | | | Name | of Building Own | er/Opera | tor (2) | | | | |
| 1.0.000,000,000,000 | | | Prince | eton University | орега | (2) | The state of the s | aca | 1200 100 | |
| Month/Day/Year Agency Notified | | | | | | Į L | j i | 5EP | 21 | 2016 |
| 1.7 | pe Notifica | | Street | Address | | - | | | 100000 01 | ADMINISTRA |
| DEP | | tial | | ox 2158 | | 50 mm | k L | | | |
| DCA | | otification | City, | State, Zip Code | | | - | -510 | SCO | TRO |
| DOH | | ended | Prince | ton NJ 08543 | | 1 | William | | ENSIN | G |
| DON | | otification | Name | of Contact | | Т | elephone ! | N7 . | | |
| | Сат | ncellation | Rober | t Otego | | 1, | erepnone . | Numbei | | |
| Name of P. III. | | | FAC | ILITY INFORM | ATION | | | | | |
| Name of Facility Where Abatemer | nt is Taking | Place (3) | | | | Type of Facility (4 | 0 | | | |
| Princeton University E-Quad- | B&C wing | | | | | | | | | |
| Street Address | | | | | | School (| K12) | 126 | | |
| E-Ouad | | | | | | Subchapt Other (i. | ero (Uth e Privata | er than | K12) | |
| | | | | | | building | s, homes, | etc.) | merciai | |
| City (5) | Con | nty (6) | | | | Square Feet # | of Floors | | . Age | |
| Princeton | Cou | nty (0) | | County Code | | 10000 | 5 | 70+ | 1000 | |
| | | | | (STATE USE ON | LY) | Current Use (Prior | if being d | emolish | ed) | |
| Name of Monitoring Firm Hired b | y Building | Owner (8 |) | ASCM No. | IlNome | University | | | | |
| CARDNO ATC Associates, Inc | | | 55 | 7.5CH 140. | Associ | of Abatement Contra | ctor (9) | | | |
| treet Address | | | | | | iated Specialty Contr | acting | | | |
| Terri Lane | | | | | Street | Address | | | | |
| City, State, Zip Code | | | | | 98 La | Crue Avenue | | | | |
| Surlington NJ 08016 | | | | | City, S | State, Zip Code | | | | |
| roject Manager of Monitoring Fir | | | | | Glen ! | Mills, PA 19342 | | | | |
| like Keehn | ·m | | Telepho | ne Number | | none Number | | Tv . | | |
| | | | 609-386 | -8800 | 610-36 | 64-9622 | | 110 | ice Num | ber |
| cheduled Start Date (10) | | Sched. Co | ompletion D | ate (11) | | of OSHA Monitor | | 110 | 3 | |
| 10/03/16 | | | 10/23/ | | | | | | | |
| Month/Day/Year | | N | Month/Day/ | | Criter | ion Labs | | | | |
| Occupancy Status During Abateme | nt (Check o | nly one) | | | Street | Address | | | | |
| Facility Closed/Vacated Dur | ing Entire | Period of | Abatement | | | rogresive Drive | | | | |
| Abatement Performed Outsi | de of Norm | al Facility | e e | | City, S | tate, Zip Code | | | | |
| Hours - Describe: 7:00 Other - Describe: | AM to 3:30 | PM | | | Bensal | em PA 19020 | | | | |
| | | | | | II | | | | | |
| cope of work (Check all that apply |) | | | | X | Full Cantai | | | | |
| Demolition | | X | Renovati | ion | ^ | Full Containment wi Mini - Enclosure | th Negativ | e Press | ure | |
| x > 3 sf or > 3 if | | | | | | | | | | |
| >160 sf or >260 lf | | | | | | Glovebag Procedure | | | | |
| | | Is | | | | Non-Friable Procedu | | | | |
| Location of | - 22 | ation | De | scription of | | | Ab | atemen | t Type | |
| Asbestos - Containing | Nor | mally | Asbes | tos-Containing | | Amount | - | | E | E |
| Material (ACM) TO BE ABATED | Us | | Mat | lerial (ACM) | | (Specify | R | R | C | N |
| In Facility | Sol | 33350 | (ie. T | hermal systems | | SF or | M | E | A | C |
| (13) | | Main- ince/ | insulatio | n, surfacing, VA | г, | LF) | 0 | P | P | 0 |
| A1412-1-1-100 | TO 1/1/1/19 (1/19 (1/19))))))))))))))))))))))))))))))))))) | odial | or othe | r miscellaneous) | | 275274946007 | v | A | S | S |
| | Staff | | | | 1 | | A | I | Ü | U |
| 114 | Yes | | | | | | L | R | L | R |
| 14 | | floor tile a | and mastic | \rightarrow | 195 SF | - | | | E | |
| | | | | | | | х | | | |
| | | - | | | | | x | | | |
| | | | | | | | x | | | |
| | | | | | | | | | | |
| me of Registered Waste Hauler | | NIDE | P Waste | Cukin V | | | | | | |
| | | Haule | r ID No. | Cubic Yards of Waste | 1 | Name of Registered L | andfill | | | |
| obinson Waste | | 1730 | | or waste | 1. | CDOWE | | | | |
| y, State | | | Disposal Date | | GROWS | | | | | |
| rhees NJ | | As needed | | City, State | | | | | | |
| npleted By (Print or Type) | | | | Morrisville PA | | | | | | |
| rk Goshow | | Title | t Manager | | Signatur | e 21 n | | | Date | 7 |
| S-41 | | r rojec | . manager | | 1/1 Cia | Molan | | | Date G/20 | 1/1/2 |
| CONTROL OF THE PROPERTY OF THE | | | | | | | | | 11.246 | 11 10 |

ABS-41 JUN 95

State of New Jersey

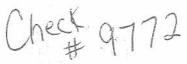
NOTIFICATION OF ASBESTOS ABATEMENT

| | | | (1 | ursuant to N | JAC 8:60-7 and | 1 12:-120 | 1-7) | IN E | | | 划出 |
|--|---------------|--------------|---|---------------------|------------------------------|---|-----------------------------|--|-----------|---------|------|
| Date of Notification (1) | | | | Name of | Building Owne | r/Onerat | tor (2) | HU) T | | | |
| 09/20/16 | | | | Princetor | University | operat | (2) | [[1]] | | | |
| Month/Dav/Year | | | | | | | | | EP : | 1 1 | Dis |
| | Type Notifica | | | Street Ad | | | | 100 | | | |
| EPA | Ini | | | P.O. box | | | | <u> </u> | | | |
| DEP | | otifica | | | te, Zip Code | | | ASBE | SIUS | CON | THUL |
| DCA DOH | | ende | | | NJ 08543 | | | was a second sec | LIGE | MSIM | j |
| DON | | otifica | | Name of | | | | Telephone N | umber | 13 | |
| | Car | ncella | tion | Robert O | | - | | 1 | | | |
| Name of Facility Where Abatem | ant is Takina | . DI | - (2) | FACIL | ITY INFORMA | TION | 11 | | | | |
| Princeton University E-Qua | d- B&C wing | , riac | e (3) | | | | Type of Facility | | | | |
| | | | | | | | | (K12) opter 8 (Other | r than | K12) | |
| Street Address | | | | | | | x Other | (i. e. Private | & com | nercial | |
| E-Ouad | | | | | | | build | ings, homes, et | | | |
| City (5) | Cou | inty | (6) | | County Code | (5) | Square Feet | # of Floors | 1000000 | . Age | |
| Princeton | | , | (0) | | (STATE USE ONI | 0.50000 | Current Use (Pr | jor if being de | 70+ | a d\ | |
| | | | | | | | University | ioi ii being de | 111011511 | euj | |
| Name of Monitoring Firm Hired | by Building | Own | er (8) | | ASCM No. | Name | of Abatement Cor | itractor (9) | | | |
| CARDNO ATC Associates, Inc | | | | | | Assoc | iated Specialty Co | ntracting | | | |
| Street Address | | | | | | Street | Address | | | | |
| 3 Terri Lane | | | | | | 98 La | Crue Avenue | | | | |
| City, State, Zip Code | | | | | | City, S | State, Zip Code | | | | 7.7 |
| Burlington NJ 08016 | | | | | | Glen ! | Mills, PA 19342 | | | | |
| Project Manager of Monitoring Mike Keehn | Firm | | | Telephone | | Telepl | hone Number | | Licen | ice Num | ber |
| A STATE OF THE PARTY OF THE PAR | | | | 609-386-8 | | 610-30 | 64-9622 | | 110 | 3 | |
| Scheduled Start Date (10) | | Sch | ed. Co | mpletion Dat | e (11) | Name | of OSHA Monitor | | | | |
| 10/03/16 | | | | 10/23/16 | | Criter | ion Labs | | | | |
| Month/Dav/Year Occupancy Status During Abate | ment (Check | only | N (ana) | Ionth/Day/Ye | ar | - | | | | | |
| Facility Closed/Vacated I | During Entire | Peri | od of A | batement | | 100000000000000000000000000000000000000 | Address Progresive Drive | | | | |
| x Abatement Performed Ou | utside of Nor | mal F | acility | | | | State, Zip Code | | _ | | |
| Hours - Describe: 7: | 00 AM to 3:3 | 0 PM | I | | | | lem PA 19020 | | | | |
| Other - Describe: | | | | | - | | | | | | |
| Scope of work (Check all that ap | ply) | | | | | | Full Containmen | t with Negativ | e Press | ure | |
| Demolition | | | X | Renovatio | n | | Mini - Enclosure | | | | |
| x >3 sf or >3 if >160 sf or >260 If | | | | | | | Glovebag Proceed | lure | | | |
| 7 100 31 01 7200 11 | | | | | | x | Non-Friable Pro- | cedure | | | |
| Location of | | Is | _ | | | | | Ab | atemer | nt Type | |
| Asbestos - Containing | 1000 | rmal | | | cription of os-Containing | | | | | E | E |
| Material (ACM) | 1000 | sed | | | rial (ACM) | | Amount (Specify | 2 22 2 | R | N C | N |
| TO BE ABATED | S | olely | | 25 75 25 75 | ermal systems | | SF or | M | E | A | C |
| In Facility | | Mai | | | surfacing, VA | | LF) | 0 | P | P | 0 |
| (13) | | nance | | or other | miscellaneous) | | | V | A | S | S |
| | | stodi: | 7.0 | | | | | A | I | U | U |
| | Yes | | N/A | | | | | L | R | L | R |
| B124 | | floor tile a | nd mastic | | 17 SF | x | | 1- | E | | |
| B116 COR | | floor tile a | nd mastic | | 17 SF | x | | | - | | |
| | | | - | 1975.00.00.00.00.00 | | | 17.51 | | | | |
| | | _ | - | | | | | х | | | |
| N. CD | | | | | | | | | | | |
| Name of Registered Waste Haule | r | | 100000000000000000000000000000000000000 | EP Waste | Cubic Yards | | Name of Register | ed Landfill | | - | |
| Robbinson Waste | | | Haul 1730 | er ID No. | of Waste | | CDOVIC | | | | |
| City, State | | | 1.730 | | 1 | | GROWS | | | | |
| Voorhees NJ | | | | | Disposal Date As needed | | City, State | | | | |
| Completed By (Print or Type) | | | lana. | | As necueu | | Morrisville PA | | | | |
| Mark Goshow | | | Title | ct Manager | | Signatu | ire WH | 2 | | Date | 1 |

NO CK



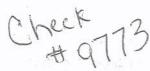
| ETS JOB # 4600/16 | | | | | | | | MENDY | (ENT編刊U: 31 |
|---|---|-------------------------|---------------------------|--------------------------------------|-------------------|-----------------------------------|---------------|------------------------|---------------------------------------|
| Date of Notification (1 9) | 13/2016 | | Name of | f Building Ow ORT AUTH | vner / ORIT | Operator (2) Y OF NEW Y | ORK & NE | N JERSEY | 'R CONTROL |
| ⊠ EPA | pe Notification | | | ddress NE STREET ate & Zip Coo | | OOM 236 | | & L.I | ICENSING |
| □ DEP □ DOL | ☐ Initial Not ☐ Amended | mcation Notification | | Y CITY, NJ | | 10 | | | |
| Ø DOH | Cancellat | | | f Contact | | | | T | elephone Number |
| DCA | | | MR. RA | ALPH CAM | PION | VE | | | |
| | | | FACI | ILITY INFO | RMA | ATION | | | |
| Name of Facility Whe | re Abatement is | s Taking Pla | ce (3) | | Туре | of Facility (4) | | | |
| TERMINAL "B" - CC TO GATE 4 | NCOURSE LE | VEL. SATE | LLITE B-1 A | ADJACENT | _ | School (K-12) | O.I II IX | 40) | |
| Street Address | | ONAL AID | DODT | | | Subchapter 8 (| Other than K- | ·12) rcial building | gs, homes, etc. |
| NEWARK LIBERT | | IONAL AIR | PORT | | | | # of Floors | | dg. Age |
| 3 BREWSTER ROA | | unty (6) | County Co | ode (7) | - Joqui | 100,000 | 3 | | 70+ |
| NEWARK | | SEX | County of | ,40 (1) | Curr | ent Use (Prior in | f being demo | lished) | |
| IAT AND LOCK | | 02/ | | | | MMERICAL - | | | |
| Name of Monitoring F | irm Hired by B | uilding Owne | | ASCM No. | 1 | ne of Abatemen | | 9) | |
| CARDNO ATC | | | | 98 | | et Address | ING, INC. | | |
| Street Address 104 E. 25TH STRE | ET - 10 TH FLO | OOR | | | | CLAY STRE | ET | | |
| City, State & Zip Code NEW YORK 1001 | 9 | | | | | State & Zip Co | | | |
| Project Manager for N | | - | Telephone N | lumber | | phone Number | 6) | License N | |
| PATRICK SISK | | 2 | 212-353-82 | - | The second second | -706-6300 | -14 | | 00511 |
| Scheduled Start Date 9/27/2016 | (10) Sch | eduled Com 11 | pletion Date 1/30/2016 | (11) | | ne of OSHA Mo STOR TECH. | nitor | | |
| Occupancy Status Du | iring Abatemer d/Vacated Duri | t (Check on | ly one) eriod of Abat | ement | | et Address 59 JACKSON | AVENUE | | |
| | erformed Outsi | | | | City | , State & Zip Co | ode | | |
| | IONDAY - FI | | | | LOI | NG ISLAND C | ITY, NY 11 | 101 | |
| Scope of Work (Chec | 77,000 1000 | | No. | | | M Full Con | ntainment | | |
| Demolition | \boxtimes | Renovation | on | | | | | | |
| ☐ Cuantity is > | 3 SF or≥ 3 LF | ACM | | | | Gloveba | ag Procedure | | |
| | 160 SF or ≥ 26 | | | | | Other: | TENT/GLO | - | |
| | ation of | | Is Locatio | 10000 | | escription of | | Amount (Specify | Abatement Type (Specify: Removal, |
| | s-Containing | | Normally Us Solely by | | | estos-Containing aterial (ACM) | | Jare Feet or | |
| | rial (ACM) E ABATED | | Maintenanc | e or | (i.e., | thermal system | s Li | near Feet) | Encapsulation or |
| | Facility | | Custodial St | taff? in | sulati | on, surfacing, V | /AT | | Enclosure) |
| | (13) | | (12) | | or oth | er miscellaneou | 15) | | |
| OPERATIONS LEVE | L | | NO | | FIF | REPROOFING | | 2,400 SF | FULL CONTAINMENT |
| OPERATIONS LEVE | :L | | NO | | PI | PE FITTINGS | | 25 LF | TENT/GLOVEBAG |
| Name of Registered | Name of Registered Waste Hauler #1 TRI-STATE TRANSFER | | | | | Cu. Yds. of W 160 | | me of Regist | tered Landfill #1 ITERPRISES, INC. |
| City, State | O1 L11 | | | 2A-456 | | Disposal Date | e City | y, State | |
| 1199 RANDALL A | VENUE, BRO | NX, NY 10 | 0474 | | | TBD | | 00 MINER\ AYNESBUI | /A ROAD, RG, OH 44688 |
| Completed By (Print or | Type) | Title | | | | Signature | 11 | 1 | Date |
| Richie Smith | St. 5) | Project E | excutive | | | 1 5 | 21 | 1/4 | 9/13/2016 |



| Date of Notification (1) | | Na | ame of E | Building Owner/Op | perator (2) | nas | 0.000.01.634 | 10 | ~~ | | |
|---|------------------------|-------------------|-------------|-----------------------|----------------------------|---------------------------------|---|----------|--------------|-------------|-----------|
| Date of Notification (1) 4-19-1(| 0 | | | Toni | Fat | irm and | RESP21 AM | ID: | < 1 | | _ |
| Agencies Notified Type Notification | | St | reet Add | iress | | | | F | | | |
| □ EPA 🐹 Initial | | C | tv State | e, Zip Code | | | | | -/- | | |
| DEP Amended Amendment #_ | | | ity, State | () les | thie | ld N | 5 0709 | 0 | | i i | |
| ☐ Emergency (inc | luding | N | ame of (| Contact | | | Telephone Numb | er' | | | |
| DOH justification) | | | Ton | i Fahr | nani |) | | | | | _ |
| Toking S | Place (3) | | FACIL | ITY INFORMATIO | ON Ty | pe of Facility (4 | ·) . | | | | |
| Name of Facility Where Abatement is Taking F | المناو (ع))لمناو [| 1:00 | 2 | | | School (K-12 | 2) | | | | |
| Street Address). | - | - | | | , I | - Subchapter | 8 (Other than K-12) rivate & commercial | buildi | nas. I | nomes | S |
| | | | 797.0 | | | etc.) | | | | | |
| City (5) | ALT | | 6 | 7090 | S | quare Feet | # of Floors | Bio | ig. Ag گر | ie – | - |
| Westfield | 100 | To | ounty C | | C | urrent Use (Prid | or if being demolishe | d) | | | |
| County (6) | | | | SE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Ov | vner (8) | | ASCM | No. | Name of | Abatement Con | tractor (9) | a s | ŧ | In | |
| EPC Technolog | 1163 | | | MA | Street Ac | idress. | -Wunned | E 4 | পূ | | Ø= |
| Street Address | 57 | | | | P.C |). Box | 337 | | | | |
| City, State, Zip Code | A A COUNTY | B / | 200 | 522 | City, Stat | e, Zip Code | 711 20 | A | 16 | | 500 |
| New Equat | NO | (| 70 | 333 | Nes | DEGA | License No. | U | | | |
| Project Manager for Moeiffiring Firm | | 10.08 | elephon | | Telephor | 58-336 | A A | 1 | P | | |
| Thene Schenker | Scheduled | Com | pletion D | 758-3365 Date (11) | | OSHA Monitor | | 160 | | -8- | |
| Start Date (10) | | | 4-1 | | E | PC Tec | hnologies | I | C | | |
| Occupancy Status During Abatement (Check | Only One |) | | | Street Ac | | 337 | | | | |
| Facility Closed/Vacated During Entire Pe | eriod of Ab | ateme | ent | | City Stat | O BOK te, Zip Code | 201 | | | | |
| Abatement Performed Outside of Norma Other – Describe: | I Facility I | 10015 | 34.4 | | | U Egypt | NJO | 85 | 53 | 3 | |
| Scope of Work (Check All That Apply) | | | | | | 2(1 | | | | 13 | |
| TSC^ ≥3 sf or ≥3 lf | □ Re | novat | ion | | | | ent with Negative Pr | essur | е | | |
| ≥ ≥160 sf or ≥260 lf | □ De | moliti | on | | × | Mini-Enclosure Glovebag Pro- | cedure | | - Si | | |
| 3 | | | | | | Non-Exempte | d (*) and Non-Friable | | | ement | |
| | 10000 | ocatio | | | 2.2 | | | | Ту | ре | |
| Location of | Used | Sole | y by | Asbestos Con | escription o taining Ma | terial (ACM) | Amount | _ | | En | т |
| Asbestos-Containing Material (ACM) TO BE ABATED | | ntenan odial S | | (i.e. therma | I systems i | nsulation, | (Specify SF or LF) | Removal | Repair | cap | Enclosure |
| In Facility (13) | | (12) | | | miscellane | | | oval | air | Encapsulate | sure |
| | Yes | No | N/A | | | | | | | 6 | |
| Basement | X | | | Pipe I | Insula | etion | 200 LF | X | | | |
| DUSCHICK! | | | | | | | | | | | |
| | | | | | | | | | | | |
| | - | | | | | | | | | | |
| Name of Registered Waste Hauler | | | JDEP W | | c Yards | | Registered Landfill | | | _ | A. C |
| EPC Technologies | 2 | H | auler ID | No. OT WE | 3 | Was | teManager | nen | to | F \$ | H |
| City, State | | | 110 | Dispo | osal Date | City, Sta | ite | A | | | |
| New Egypt | NJ | × | | | -5-11 | 0 Mori | risville t | te | | | |
| Completed by | Title | -: 1 | kn+ | | Signature | Sell | | | 9- | 16 | |
| Steve Schenker | rice | Sid | C11 | | - LAGE | | | | | 1 | |

(K# 2994

| Date of 9/17/1 | Notification (1) | | - 1 | | Building Cadison | wner/Op | perator (| (2) | | | | | | | | |
|--------------------------|---------------------|--|--------------|-----------------|------------------|----------------------|--------------|----------------|-------|---|---------|--|---------------|--------|-------------|-----------|
| | es Notified | Type Notification | | | Street Ac | | | | | | nnte | SEP 21 | F %0 | 10. | | |
| | | Initial | | | 70 Moi | nroe Stre | | | | | 2010 | SET ZI | PIT) | 1U- (| 23 | |
| × DE | EP | Amended | 52 | | | e, Zip Coc | | | | | | | | TR | ÜL | |
| × DC | DL | Amendment Emergency | | 1 | | en, New | Jersey | ý | 377. | | 1 | ā i icē | KSIL | 16 | | |
| × DC | 파시() | justification) | | | | Contact | | | | | I ele | ephone Nun | nber | | | |
| | CA | ☐ Cancellation | 1 | | Tom | ET/ INTE | Disario | NA. | | | | | | | | |
| Name o | of Facility Where | Abatement is Takir | ng Place (3) | | FACIL | LITY INFO | RMAIR | JN | Typ | oe of Facility (4) |) | | | 10.00 | | |
| | property | | | | | | | | П | School (K-12 | | | | | | |
| Street A | 1 332 5 | | | | | | | | Ħ | Subchapter 8 | (Othe | | | | | |
| 70 Mc | onroe Street | | | | | | | | × | Other (i.e. pri etc.) | ivate 8 | & commerci | al build | lings, | home | es, |
| City (5) | | | | - 7727.1 | 200 | | | | Sq | uare Feet | # of | Floors | В | ldg. A | ge | |
| Hobol | ken | | | | | | | | 30 | 000 | 3 | | 5 | 5+ | | |
| County | (6) | | | | | Code (7) | | | | rrent Use (Prior | | ng demolish | ied) | | | |
| Huds | | | | 1 | SIAIEL | ISE ONLY) | | | | fice building | | | | | | |
| Name o | of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | | | batement Cont | | (9) | | | | |
| | | | | | | | | | | ulation Co., l | Inc | | | | | |
| Street A | Address | | | | | | | Street 95 M | | ress trose Rd | | | | | | |
| City Sta | ate, Zip Code | 100 | | | | | | Citv. S | tate | , Zip Code | | | | | | |
| Oity, Oit | ato, zip oodo | | | | | | | 5.333 | | eck, New Jer | rsey | | | | | |
| Project | Manager for Mor | nitoring Firm | | 1 | Felephor | ne No. | | Teleph | one | No. | | License N | 0. | | | |
| | | | | | | | | | | 1757 | | 00029 | | | | |
| | ate (10) | | Schedule | | pletion [| Date (11) | | Name | of C | SHA Monitor | | | | | | |
| 9/26/ | | - Al1 (Ol | 10/6/16 | | | | | Ctroot | A ala | leans. | | | | | | |
| | | g Abatement (Che | | | | | | Street | Agg | ress | | | | | | |
| | | ated During Entire led Outside of Non | | | | | | City, S | tate | , Zip Code | | | | | | |
| × Ot | her - Describe: . | 7am-7pm | | | ************* | | - | | | *************************************** | | | | | | |
| Scope o | of Work (Check A | II That Apply) | | | | | - | A-2 | | | | | | | | |
| | sf or ≥3 If | | ☐ Re | enova | tion | | | | | Full Containme | nt with | Negative F | ressu | re | | |
| X ≥1 | 60 sf or ≥260 lf | | × De | emoliti | on | | | - | - | Mini-Enclosure Glovebag Proce | edure | | | | | |
| | | | | | | | | × | | Non-Exempted | | d Non-Friab | le Pro | cedur | е | |
| | | | ls l | _ocati | on | | | | | | | | | | ement | t |
| | Location | n of | 1000 | ormall | | | Des | scription | of | | | | | 1) | ре | |
| Asb | estos-Containing | | | Solel ntenar | | | os Conta | | | rial (ACM) | 2.0 | mount Specify | 77 | | E | m |
| | TO BE AB In Faci | | Custo | | taff? | (1.6. | | ing, VA | | 0.70 | | or LF) | Remova | Repair | cap | nclo |
| | (13) | | | (12) | | | other m | iscellar | neou | is) | | | oval | al- | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | | | | | 6 | |
| | upper r | oof | | | × | roofir | ng mate | erial a | nd f | flashing | 1 | 700sf | х | | | |
| | lower r | lower roof | | | | | fla | ashing | 9 | | 5 | 500 If | X | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name o | of Registered Wa | ste Hauler | | 100000 | JDEP Wauler ID | Charles and a second | Cubic of Was | | | Name of R | Registe | ered Landfill | | | | |
| Ace Insulation Co., Inc. | | | | | 2086 | NU. | 5 | | | Chrins L | andf | Section of the sectio | | | | |
| City, State | | | | | | | | al Date | | City, State | | | | | | |
| Colts Neck, New Jersey | | | | | | | 10/5/1 | | | Easton | | - | | | | |
| Comple | | | Title | L | T | | S | ignature | 9 | X | | 1 | ite 147141 | 2 | | |
| plee V | VicGuire | | Secre | tary | Treasu | irer | | 10 | e, | | | 9/ | 17/1 | 0 | | |



| | | Name o | of Building Owner/ | Operator (2) | | | | | |
|---|----------------|--------------------|--------------------|---|--|------------|-------------|-----------------|-----------|
| Date of Notification (1) Q - 19 - 1(| 2 | ivaine o | Ana | Zayas | 2018 SEP 21 | 1.14 | 10: | 21 | |
| Agencies Notified Type Notification | | Street A | Address | | , | | | | |
| □ EPA ☑ Initial | 12. | City St | ate, Zip Code | Α | (| 100 | 1 1 | ÜL | - |
| DEP Amended Amendment #_ | 6. | City, St | Bloom | field 1 | VJ 070 | O | 3 | | |
| ☐ Emergency (in | cluding | Name | of Contact | | Telephone Numb | €L, | | | |
| DOH Justification) DCA Cancellation | | Hi | 79 La | yas_ | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | FAC | ILITY INFORMA | Type of Faci | lity (4) | | | | |
| Single family | Dwell | 125 | | □ School | (K-12) | | | | |
| Street Address | 1 | | | Other (| ipter 8 (Other than K-12) i.e. private & commercial | buildir | ngs, t | iomes | S, |
| | | | | etc.) Square Feet | | Bld | g. Ag | ie . | |
| City (5) Blace Gold | 17/ | 7700 | 13 | | 2 | | 20 | 4- | |
| Bloomtield 1 County (6) | من ر | County | y Code (7) | Current Use | (Prior if being demolished | d) | | | |
| ESSEX | | | E USE ONLY) | Name of Abatemen | Contractor (Q) | | | | _ |
| Name of Monitoring Firm Hired by Building O | wner (8) | ASC | CM No. | Name of Abatemen | Zehnolegi | 25 | 9 | In | 2 |
| Street Address | 2163 | | 60 100 | Street Address | 2.2 | 4. 40 | | | |
| F.O. Box 33 | 37 | | | K.O. Be | 337 | | | | _ |
| City, State, Zip Code | NT | 00 | 3533 | City State, Zip Cod | TIN FALSE | Of | 15 | 3 | 3 |
| NEW EGYPT, | NO | Teleph | none No. | Telephone No. | License No. | | A | 2 1 | |
| Project Manager for Movif in gr-irm | L | | 758-336 | 5 609 758-3 | 365 00 | 15 | | | |
| Start Date (10) | Scheduled C | ompletio | n Date (11) | Name of OSHA Mo | - 1 | In | _ | | |
| 10-5-16 | 1 - | 0-10 | ō | Street Address | echnologies | المسطة | ı | | |
| Occupancy Status During Abatement (Check | | oment | | P.O. B | ox 337 | 200000 | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | al Facility Ho | urs | | City, State, Zip Coo | ie | 85 | - 7 | ~2 | |
| Other - Describe: | | | | New Egy | pt NJ C | 0- | 2 | | - |
| Scope of Work (Check All That Apply) | | | | □ Full Cont | tainment with Negative Pr | essun | е | | |
| 23 sf or ≥3 lf ≥160 sf or ≥260 lf | | ovation olition | | ☐ Mini-Enc | losure g Procedure | | | | |
| 2100 31 51 2200 11 | | | | Glovebay Non-Exe | mpted (*) and Non-Friable | | | | |
| | Is Lo | cation | | | | / | Арате Ту | ement pe | |
| Location of | Non | mally lolely by | Ashartas C | Description of containing Material (ACI) | Amount | | | т | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mainte | enance/ | (i.e. then | nal systems insulation, | (Specify SF or LF) | Ren | Re | ncap | Enck |
| in Facility | | al Staff? (2) | | urfacing, VAT, or er miscellaneous) | 3/ 3/ 2/ | Remova | Repair | Encapsulate | Enclosure |
| (13) | Yes N | NO N/ | A | | | | | 6 | |
| 67 comend | + | | Dim - | Toxilation | 300 LF | X | | | |
| Basement | X | - | 11/2 | Direction. | | | | | |
| | + | - | | | | | | | |
| | + | | | | | | | | |
| Name of Registered Waste Hauler | | NJDE | 110000 | | me of Registered Landfill | | , | | A . C |
| | c | | 1D No. of | VVaste 3 W | laste Manager | non | 60 | E | 八八 |
| EPC Technologie | | | Di | sposal Date Cit | y, State | A | | | |
| New Equat | NJ_ | ` <u></u> | /(|)-/-/6 //V | lornisville F | | · · · | <u></u> لا و | , |
| Completed by | Title | iden | + | Steads | Chech | 1-1 | 4. | -16 | 2 |
| Steve Schenker | LIKES | 1001 | , | | | | | | |

CK 2478

| Ch 2410 | (P | | | 10AO 0.00 G | | 2) | 0 | | | | | ٦ |
|---|--------------------------------|-----------------|---------------------|--------------|--|-------------------|-------------------------|---------------------|----------|----------------|-------------|-------|
| ate of Notification (1) | | Nar (| ne of Bu | ilding Owner | r/Operator (2 | 2 | Com | tochina | id ! | 10 | · | |
| gencies Notified Type Notification | | Stre | eet Addr | ess 1 | 71154 | CIR | 2010 | of huc | Lest | - | | |
| EPA Initial Amended | | City | y, State, | Zip Code | | 7 0 | 14 | A POEMS | カラ | 4 | | |
| DEP Amended Amendment #_ Emergency (incl | uding | 7 | me of Co | D. | | 2110 | V) | Telephone Numb | er | - 1 | | |
| DOH justification) DCA Cancellation | | Er | ric Plac | kis | - 1 | | | | | | | _ |
| DCA L | Ingo /2\ | | FACILIT | Y INFORMA | ATION | Type of | Facility (4) | | | | | |
| ame of Facility Where Abatement is Taking P | iace (3) | | | | | = 0 | hool (K-12) | (Other than K-12) | | | | |
| treet Address | 22 | | | | | T Ott | her (i.e. pri | vate & commercial | buildin | gs, ho | mes, | |
| 5 U(1/1/4 + 10 | 1UI | | | | | Square | | # of Floors | Bldg | g. Age | | |
| ity (5) DITTLY BLAU | <u></u> | | | | | 50 |), 01 9 | if being demolishe | ed) | 1)3 | | |
| ounty (6) | | (S | ounty Co TATE US | E ONLY) | | (') | MM | M CION | | | | _ |
| ame of Monitoring Firm Hired by Building Ow | vner (8) | T | ASCM N | No. | | | ment Cont tries Inc. | ractor (9) | | | | |
| | | | | | Street | Address | | | | | | |
| treet Address | | | | | 10.75 | Box 9 | | | | | | |
| ity, State, Zip Code | | | | | Brick | k, New | Jersey C | 8723 | | | | |
| Project Manager for Monitoring Firm | | T | elephone | e No. | Telep | hone No | | License No | 0. | | | |
| * | Scheduled (| Comr | oletion D | ate (11) | | 2)899-7 of OSH | A Monitor | 01111 | | | | |
| Start Date (10) 0 1 5 | | 1 | 1/16 | 2 | | | <i>A</i> | | | | | |
| Occupancy Status During Abatement (Check | Only One) | | | | Stree | t Address | S | | | | | |
| Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: | eriod of Aba al Facility Ho | ours | ent | | City, | State, Zi | p Code | | | | , | |
| Scope of Work (Check All That Apply) | / | | | | | ð | Containm | ent with Negative F | ressur | е | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat noliti | | | | Min | i-Enclosur | edure | | | | |
| 2160 \$1 01 2200 11 | | - | | | | No. | n-Exempte | d (*) and Non-Friat | ole Proc | edure Abate | ment | |
| | | ocati mal | | | | | | | | Ту | pe | |
| Location of Asbestos-Containing Material (ACM) | Used | Sole | ly by | Asbesto | Descriptions S Containing Dermal syste | Materia | I (ACM) | Amount (Specify | Re | R | Enca | Dis |
| TO BE ABATED In Facility | Custo | | | | surfacing, \other miscel | /AT, or | | SF or LF) | Removal | Repair | Encapsulate | 00000 |
| (13) | Yes | No | N/A | , | oti ei micoo. | | | | | - | te | |
| | 165 | 110 | 1377 | Tubod | DL) S | Sole | ine | 600SF | 8 | | | - |
| | | | | 001, | |) | 0 | | - | - | | - |
| | | | | | | | | | | - | | |
| | | | | No object | Cubic Yard | ς. | Name o | f Registered Landf | Fill | | | |
| Name of Registered Waste Hauler | 1000 E | - 11 | NJDEP \ Hauler I[| | of Waste | | | NS Inc. | | | | |
| Brick Industries Inc. | | 2 | 21602 | , | Disposal D | ate . | City, St | ate | | | | |
| City, State Brick, New Jersey | | | | | 10118 | 16 | PA | | Date A | 1 | 11 | 1 |
| Completed by | Title | don | ÷ | | Signa | ture U | 100 | | () | 111 | 1 | 6 |
| Eric Plackis | Presi | uen | | | | | | | | | | 25.0 |

CKH1412

| Date of Notification (1) | | | | | | | J L L | U, | 5 | l i | ÿ | - 1 y |
|---|-------------------|---------------------------|----------------------|------------------------------------|----------------------------------|---|---------------------------------|-------------------|---------------|----------|-------------|-----------|
| 9/20/16 | | | PSE | of Building Owner/ G | Operato | r (2) | linii | | | - | | 7 |
| Agencies' Notified' Type Notification EPA Initial | | | | Address HADLEY ROA | .D | | | SEP | 21 | 20 | 16 | 14 |
| DEP Amended Amendment | | | | tate, Zip Code TH PLAINFIEL | D. NJ (| 07068 | ASBI | ESTO | S CC | NTI | ROL | 8 |
| □ Emergency justification) □ DCA □ Cancellation | 0 150 | | Name | of Contact | | | Teleph | 110 | 1101 | MG | - | |
| | | | | D MEL | ION |) | | | | | | |
| Name of Facility Where Abatement is Takin | g Place (3 ENE | 3) | | | | Type of Facility School (K- | 100 | | | | | |
| Street Address 278 SouTH A | | | | | | Subchapte Other (i.e. | er 8 (Other the private & co | an K-1: mmerci | 2) al buil | dings | , hom | ies, |
| City (5) | | | | | | Square Feet | # of Flo | ors | | Bldg. | | - |
| County (6) UN:0N | | | | Code (7) | | Current Use (Pr | for if being d | | ned) | V - | . 5 | 13 |
| Name of Monitoring Firm Hired by Building | Owner (8) | | | M No. | Name | of Abatement Co | B STA | 9Ti | 01 | <u>)</u> | | |
| ENVIRONMENTAL TACTICS Street Address | 37.55 | | 004 | 5 | UNIC | QUE SYSTEM | IS OF AM | ERIC | } | | | 7200 |
| 64 BROAD STREET | | | | | 1 | Address WHITEHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | State, Zip Code TH RIVER, N | J 08882 | | | 2-22- | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. 90-2217 | Teleph | none No. 432-8350 | Lic | ense N | 0. | | | |
| Start Date (10) | | | pletion 16 | Date (11) | Name | of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | c Only One | e) | | | Street | Address | | INIOF | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Necessary | al Facility | Hours | | les | City, S | WHITEHEAD tate, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | 1 | | 7 7 7 6 | / | SOU | TH RIVER, N | J 08882 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | 20 | |
| | | _ocatio | | | | | a () and Ho | n-i riabi | | Abate | ment | |
| Location of Asbestos-Containing Material (ACM) | Used | ormall Solei ntenan | y by | Asbestos Conta | cription aining M | laterial (ACM) | Amour | nt | | 1 y | ре | |
| TO BE ABATED In Facility (13) | | dial S (12) | | (i.e. thermal surfac other m | systems sing, VA niscellan | T, or | (Specif SF or L | | Remova | Repair | Encapsulate | Enclosure |
| | No | N/A | | | | | | <u>a</u> | 7 | late | ıre | |
| CONTROL ROOM | X | | ACM Wi | RE | Sock | 250 | LF | × | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | DEDIA | | | | | | | | | |
| NASTE MANAGEMENT | | На | DEP Waller ID 125 | No. of Was | te | | Registered L S NORTH | | | | | |
| City, State ELIZABETH, NJ | 1 ' | | Dispose TB | al Date | City, State | | | | | | | |
| Completed by CAROL RAIMO | EMO | GR | | gnature | 2 A | g · | | 9/2 | 12/ | / | | |

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 16-285

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



| Date of Notification (1) | Name of | Building Owr | ner/Operator (2) |) | | Name | | | | | |
|---|-------------------------|----------------------|------------------|-----------------|--|--------------------------|---------------------------|---------|--------|--|--------------------|
| 10 19 1/1 16 1/1 16 | ABHA | Y SRIVAS | TAVA | | | In E | GE | | | 3 1 | 71 |
| Agencies Notified Type Notification EPA Initial | Street Ad | dress | | | | 115 | | | | | |
| DEP Amended | | | | | | 5 | EP o | 20 | 10 | | |
| Amendment #: | City, State | e, Zip Code | | | | | | | | - Communication | - |
| ☑ DOL ☑ Emergency | GLEN | RIDGE, N | J 07028 | | | | | | | 1 | () make i minimale |
| DOH (including justification) | Name of C | Maria Control of the | | | | Telephor | e Numbe | PIVII | HUL | Ċί | 1 |
| DCA Cancellation | ARHA | AY SRIVA | STAVA | | | | LIUENS | ING | | | j |
| Cancellation | 11011 | | ILITY INFORM | ATIO | N | | | | | _ | |
| Name of facility where abatement is take | ring place (3) | | | | Т | Type of Facility | | | | | |
| ABHAY SRIVASTAVA | | | | | | = | ol (K - 12) apter 8 (0 | | han k | (-12) | |
| Street Address | | | - House | | | | (Private/C | | | 93 | |
| | | | | | | Bldgs. | Homes, | etc. | | | |
| Cib. (E) | County (6) | | | - | | Square Feet | # of Floo | rs | В | ldg. A | ge |
| City (5) | County (6) | | | | unty Code (7) ate use only) | | atau Milaut | | | 0 | |
| GLEN RIDGE | ESSEX | | 0 | 101 | ate use only) | Current Use (P | rior it beir | ng aen | nolisn | ea) | |
| Name of Monitoring Firm Hired by Bldg. | Owner (8) | | ASCM No. | \neg | Name of Abatement C | Contractor (9) | | | _ | | |
| | | | | | D & S RESTORA | TION, INC. | | | | | |
| Street Address | | | | | Street Address | | | | | | |
| | | | | | 20 California Av | e. | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Code | | | | | | |
| | | | | | Paterson, NJ 075 | 03 | | | | | |
| Project Manager for Monitoring Firm | F | Phone Numb | er | 100 | Telephone Number | | License | | per | | |
| | | | | | 973-345-8020 | 200 | | 1169 | | | |
| Start Date (10) | Sched. Comple | etion Date (1 | 1) | | Name of OSHA Monit D & S Restoration | | | | | | |
| 09/21/16 | 10/15/16 | | | | Street Address | II, IIIC. | | | - | - | - |
| Occupancy Status During Abatement (Ch | | | | | 20 California Ave | enue | | | | | |
| Facility closed/vacated during entire | | | | | City, State, Zip Code | | | | | | |
| Abatement performed outside of no Describe: | • | ours- | | | | | | | | | |
| Other-Describe: NORMAL HOURS | S | | | _ | Paterson, NJ 075 | 03 | | | | | |
| Scope of Work (check all that apply) | | | | | | ull Containment w | /negative | press | ure | | |
| | ovation | | | | The state of the s | lini-enclosure | | | | | |
| ≥160 sf or ≥260 lf Dem | nolition | | | | | lovebag procedui | | friable | proc | edure | |
| Location of | ocation normally | | / | | | | | IR | R | E | E |
| | maintenance/cu f(12) | istodiai | | | sbestos-containing | Amount (Specify S | F 0.5 | e m | e p | n | n |
| abated in facility (13) | es No | N/A | material (/ | ACM) | | LF) | 1 01 | o v | a | а | C L |
| | | | | | | | | е | r | р | |
| BASEMENT POHER | X | | BARE HEA | a la la company | A second control of the second control of th | 96 L FT | | 1 | 브 | X | 닏 |
| BASEMENT BOILER | | 4 | BOILER IN | SUL | ATION (fire box) | 44 sq ft | | | ᆜ | H | 부 |
| | | _ | | | | | | # | ᆜ | 쁜 | H |
| | | - | | - | | - | | 쁜 | 닏 | 片 | 片 |
| Registered Waste Hauler | NJDEP Haulei | r ID# C | ubic Yards of W | Vaste | Name of Registered L | andfill | | | Ш | Ш | Ш |
| D & S RESTORATION, INC. | 13506 | | yds. | . 0010 | TULLYTOWN, R | | COVER | Υ | | | |
| City, State | | Disposal D | | | City, State | Carrier Me a Los Villago | | | | and the same of th | |
| PATERSON, NJ 07503 | | 09/22/1 | | | TULLYTOWN, I | PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC PRE | ESIDENT | | Signature | | | | Date | 2016 | | | |
| | | | ns licensure exe | | J 11, 111 | | 09/15/ | 2016 | W | | |

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

D&S Proj. #: 16-281

ASB-41

| | | | | | | | | CK | (0) | 81 | | | |
|--|---------------|-------------------|-----------------------|--------------------------|--------------|--|-----------|------------------------------------|--|------------|----------|---------|------|
| Date of Notification (1) 0 9 / 1 5 / 1 6 | J | | uilding Owr | ner/Operator (2 L.A.N | !) | ŗ | F-7 | FCE | | | | | |
| Agencies Notified Type Not Initial DEP Amende | | Street Addr | | | | | R | 1 0 1 | . 281 | 20 | | \$ | |
| Amendme | nt #: | City, State, | Zip Code | | | | 111 | J ULI in | | | | 1 | |
| DOL Emerge | | UNION | I, NJ 0708 | 33 | | | | | | 501 | 2, | 1 | |
| DOH (includir justification) | | Name of Co | ontact | | | | 1 | ASB Felephon | e Númbe | èr | | . 1 | |
| DCA Cancell | 8 | MAUR | EEN HOI | LLAN | | | <u>L</u> | | ACTION | | | | |
| | | | FAC | ILITY INFORM | 1ATIO | N | | | | | | | |
| Name of facility where abatem | ent is taking | place (3) | | | | | | Type of Facility (| 4) I (K - 12 |) | | | |
| MAUREEN HOLLAN | | | | | | | | = | apter 8 (0 | | han k | (-12) | |
| Street Address | | | - | | | | 7 | Other (| Private/0 | Comme | | / | |
| | | | | | | | - | | Homes, | | B | ldg. A | l ne |
| City (5) | Co | ounty (6) | | | Co | unty Code (7) | - | | # OF 1 10C | ,15 | | ug. r | .go |
| UNION | 1 | NION | | | (St | ate use only) | | Current Use (Pr | ior if beir | ng den | nolish | ed) | |
| Name of Monitoring Firm Hired | | | | ASCM No. | - | Name of Abatem | ent Co | ontractor (9) | | | | | |
| *************************************** | | | |) | | D & S REST | ORA' | TION, INC. | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| City, State, Zip Code | | | | | _ | 20 California | - | | | enternant. | - 272-00 | | |
| Oity, State, Zip Code | | | | | | City, State, Zip Co | | 72 | | | | | |
| Project Manager for Monitoring I | Firm | P | none Numb | er | - | Paterson, N. Telephone Numb | |)3 | License | Numb | ner | | |
| , | | | | | | 973-345-80 | | | | 1169 | , , , | | |
| Start Date (10) | Sch | ed. Completi | on Date (1 | 1) | - | Name of OSHA | | | | | | | |
| 09/20/16 | 10/ | 05/16 | | | | D & S Resto | ratior | ı, Inc. | | | | _ | |
| Occupancy Status During Abate | | | | n in the second of | anderen. | 20 California | Ave | nue | | | | | |
| Facility closed/vacated dural Abatement performed outs Describe: | | | | | | City, State, Zip Co | | | | | | | |
| Other-Describe: NORMA | L HOURS | | | | _ | Paterson, NJ | 0750 |)3 | | | | | |
| Scope of Work (check all that a | pply) | | | | | | Fu | Il Containment w | /negative | press | ure | | |
| \times >3 sf or >3 lf | Renovat | ion | | | | | | ni-enclosure | | | | | |
| ≥160 sf or ≥260 lf | Demoliti | on | | | | | | ovebag procedur on-Exempted (*) | | friable | proc | edure | 9 |
| Location of | | on normally | | 1 | | | | T | | R | R | Е | E |
| asbestos-containing material (acm) to be | staff(12 | itenance/cus) | itodiai | | | asbestos-containing | g | Amount (Specify S | E or | e m | e p | n | n |
| abated in facility (13) | Yes | No | N/A | material (| ACM) | | | LF) | 01 | 0 | a i | a | L |
| BASEMENT | | 1 | 71 | DIDE INCL | TAT | ION | | OO I ET | | e | r | р | |
| BASEMENT BOILER | | + | | PIPE INSU | | ATION (fire bo | (W) | 80 L FT | | | 무 | 片 | 쓔 |
| ONOLINEAU BOILER | | #- | | DOLLEKIN | SUL | ATION (He bo | /A) | 30 sq ft | | | | ዙ | 쓔 |
| | _ | # | 1 | | er Catherine | | - Heading | | | ₩ | 님 | 片 | H |
| | | 1 | | | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | H | 금 | H | H |
| Registered Waste Hauler | | DEP Hauler I | | ubic Yards of V | Vaste | | | | | . | | | 1" |
| D & S RESTORATION, IN | C. 13 | 3506 | | yd. | dissented. | PRINCIPLE AND PR | N, RI | ESOURCE RE | COVER | RY | | and the | - |
| Dity, State PATERSON, NJ 07503 | | | Disposal D 09/21/1 | | | City, State | /NI D | ٨ | | | | | |
| Completed by (Print or Type) | Title | | 07/21/1 | Signature | | TULLYTOW | VIN, P. | A | Date | | | _ | — |
| BOGDAN JOLDZIC | PRESI | DENT | | | | | | | 09/15 | /2016 | | | |
| ASR-41 | * Do not u | se this form | for asbesto | s licensure exe | empte | d activities. | | ***** | | | | | |

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-284 Name of Building Owner/Operator (2) Date of Notification (1) 0 9 / 1 5 / 1 6 AMY VILETORSSON Agencies Notified Type Notification Street Address **Initial** EPA **ASBESTOS CONTROL &** Amended DEP City, State, Zip Code Amendment #: DOL MONTCLAIR, NJ 07042 Emergency (including DOH Name of Contact Telephone Number justification) DCA AMY VILETORSSON Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) AMY VILETORSSON Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) MONTCLAIR **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 09/29/16 Street Address 10/20/16 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 \times >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) 0 a a LF) abated in facility (13) Yes No N/A p PIPE INSULATION 214 LFT X BASEMENT Cubic Yards of Waste | Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 3 yds Disposal Date City, State City, State 09/30/16 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title BOGDAN JOLDZIC 09/15/2016 PRESIDENT

To not use this form for achaetas licensura exempted activities

D&S Proj. #: 16-283

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



| Date of Notification (1) | 1 6 | Name of E | (7.0 | er/Operator (2) | | | MEC | GEIV | | _[[| |
|---------------------------------------|--|-------------------|-------------------|------------------------------------|------------|----------------------------------|---|----------------------|--------|------------|-----|
| □ EPA ⊠ | ype Notification Initial Amended | Street Add | ress | | | | A Property of the Property of | FP 2 1 20 | 10 | | |
| I DEP I | nendment #: | City, State | Zip Code | | | | 111111 01 | | 111 | + | 1 |
| M DOI I | Emergency | - 11 | | | | | | | | | 1 |
| M DOH | (including | Name of C | nj 07605 | | - | | | TOS CONT | DOL | 2 | + |
| | justification) | | | | | | Telephone | ella the line | | | |
| D DCA | Cancellation | diane o | larke | | | | | | | | |
| | | | FAC | ILITY INFORM | ATION | ı | | | | | |
| Name of facility where | abatement is ta | king place (3) | | | | | Type of Facility (| 4) I (K - 12) | | | |
| grace macouw | | | | | | | 1 = | apter 8 (Other | than k | (10) | |
| Street Address | | | | | | | | Private/Comm | | -12) | |
| | | | | | | | Bldgs./l | Homes, etc. | | | |
| | | | | | | | Square Feet | # of Floors | В | ldg. A | \ge |
| City (5) | | County (6) | | | 1000000 | nty Code (7) | | | | | |
| 1 | | DEDCEN | | | (Sta | te use only) | Current Use (Pr | ior if being de | nolish | ed) | |
| leonia Name of Monitoring Fir | m Hirad by Bld | BERGEN (8) | | ASCM No. | - | Name of Abatement | Contractor (9) | | | | |
| Name of Worldoning File | m mea by bid | g. Owner (o) | | ASCIVI NO. | | | \$450 Career Company (Company (Comp | | | | |
| | | | | | _ | D & S RESTOR | ATION, INC. | | | | |
| Street Address | | | | | | | | | | | |
| City, State, Zip Code | | | | | _ | 20 California A | ve. | | - the | _ | - |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | |
| Drainet Manager for Mor | oitorina Firm | Tr | la a a a Nilouada | 20.0 | _ | Paterson, NJ 07 | 503 | I Linanna Num | bor | | |
| Project Manager for Mor | nitoring Firm | 1 | hone Numb | er | | Telephone Number 973-345-8020 | | License Num 01169 | | | |
| | | | | | | Name of OSHA Moni | tor | 0110 | | | |
| Start Date (10) | | Sched. Comple | ion Date (1 | 1) | | D & S Restorati | | | | | |
| 010/06/16 | | 10/30/16 | | | | Street Address | on, me. | | | | - |
| Occupancy Status Durin | g Abatement (C | Check only one) | | HARLE WHILE CONSTITUTE | | 20 California Av | enue | | | | |
| Facility closed/vac | | | | | | City, State, Zip Code | | | | | |
| Abatement perform Describe: | | -50 | ırs- | | | | | | | | |
| Other-Describe: | NORMAL HOU | RS | | | _ | Paterson, NJ 07 | 503 | | | | |
| Scope of Work (check a | | | | | | | Full Containment w | /negative pres | sure | | |
| $\ge 3 \text{ sf or } > 3 \text{ lf}$ | ⊠ Re | novation | | | | Toward Control | Mini-enclosure | , | | | |
| ≥160 sf or ≥260 lf | _ | molition | | | | | Glovebag procedur | | | | |
| | | location normally | used solely | , | | | Non-Exempted (*) | and Non-friabl | e proc | edure E | - |
| Location of asbestos-containing | ng by | maintenance/cu | | 1 | | | Amount | е | e | n | E |
| material (acm) to I | be Sta | aff(12) | | material (| | sbestos-containing | (Specify S | F or o | p a | С | n |
| abated in facility (| 13) | Yes No | N/A | , | 1 | | LF) | v | i | a p | L |
| BASEMENT/crawl s | 10000 | | | PIPE INSU | LATI | ON | 60 1 ft | e 🗵 | Ir- | | + |
| BASEMEN I/CIAWIS | space | | 4 | PIPE INSU | LAII | ON | 00111 | | ዙ | ዙ | ╫ |
| M | | | - | | | | + | | H | ዙ | ++ |
| | | | | AND WHITE HARD STREET, CO. | Summer | | | | 11 | 片 | # |
| | | | 4 | | | | | | H | 片 | # |
| Registered Waste Hauler | r | NJDEP Hauler | ID# 1.0 | ubic Yards of V | Vaeto | Name of Registered | Landfill | | | Ш | |
| D & S RESTORATION | | 13506 | | yd. | +43l0 | TULLYTOWN, | | COVERY | | | |
| City, State | | -1 | Disposal D | THE RESERVE OF THE PERSON NAMED IN | (a second | City, State | | | | N | _ |
| PATERSON, NJ 0 | 7503 | | 10/07/1 | 6 | | TULLYTOWN, | PA | | | | |
| Completed by (Print or T | ************************************** | | | Signature | | | | Date | | | |
| BOGDAN JOLDZIO | C PF | RESIDENT | | | | | | 09/15/16 | | | |
| *** | * 00 | not use this form | for achaeta | a linonoura ave | mntar | Lastivities | | | | | |

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

CR# 3096

| Date of Notification (1) | | | | 0.000 | | g Owner/Operator (| 2) | ME | 3 E | | W | E |
|--|---|-------------|------------------|-------------|---|---------------------------------------|-----------------------------------|------------------|---------|--------|-------------|-----------|
| 9 / _ | 19 / _ | 16 | | BA | SF Catal | ysts,LLC | | IIKI | | | | 7 |
| Agencies Notified | Type Notifica | ation | | Stree | et Address | | | | -0.0 | | 0.10 | 1 |
| ⊠ EPA | ☐ Initial | | | 1000 | -1111/1-1111 | x Avenue | | THE ST | EP 2 | 1 2 | 016 | 1 |
| ⊠ DOLWD | Amended Amendme | | | City, | State, Zip (| Code | | 0 | | | | |
| ☑ DHSS ☐ DCA | ☐ Emergen | | na | Ise | elin New J | lersey | | ASBES | TOS | CON | TRO | 12 |
| (NJAC 5:23-8) | justification | | .5 | Nam | e of Contac | t | | Telephone Nut | nbeen | SING | 3 | |
| 2000 (CS) (CS) (CS) (CS) (CS) (CS) (CS) (CS) | ☐ Cancellat | ion | | Dia | ana Wrigh | nt | | | | | | |
| | - | | | FA | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where | Abatement is T | aking Place | e (3) | | | | Type of Facility (| 4) | | | | |
| BASF | | | | | | | School (K-12) | | 0) | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pri | | | ildina | S. | |
| 25 Middlesex Aven | ue | | | | | | homes, etc.) | rate and commi | 0.0.0.0 | | -, | |
| City (5) | | | W | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| Iselin | | | | | | | 60000 | 5 | | | | |
| County (6) | | | | Cou | inty Code (7 | 7)(STATE USE ONLY) | Current Use (Prid | or if being demo | lished) | | | |
| Middlesex | | | | | | | Lab, R&D | | | | | |
| Name of Monitoring Firm | Hired by Build | ding Owne | r (8) | ASCN | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Environmental Hea | Ith Investiga | ations | | 001 | 04 | BRISTOL EN | VIRONMENTAL | ., INC. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 655 West Shore Tra | ail | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Sparta NJ 07871 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Mon | itoring Firm | | Te | lephone | No. | Telephone No. | | License No. | | | | |
| Jean-Paul von Doe | hren | | | 973-65 | 1-2041 | 215-788-6040 |) | 00509 | | | | |
| Start Date (10) | | Scheduled | Comp | letion D | ate (11) | Name of OSHA N | Monitor | | | | | |
| 10 / 3 / | 16 | 10 | 1 2 | 21 / | 16 | BRISTOL EN | VIRONMENTAL | ., INC. | | | | |
| Occupancy Status During | g Abatement (| Check only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | # W. C. | | | ement | | 1123 BEAVE | R STREET | | | | | |
| ☐ Abatement Performed | | | | | scribe | City, State, Zip C | ode | | | | | |
| Time of Abatement: 7 | ZAM- <u>5</u> PM/ | PM | AN | Λ | | BRISTOL, PA | | | | | | |
| Scope of Work (Check a | Il that apply) | | | | | | | | | | | |
| | | 5 7. | | attonio | | | tainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | ☐ Mini-End | g Procedure | | | | | |
| | | _ | | | | | empted (*) and Nor | n-Friable Proced | lure | | | |
| | | | Is Loc | | | | | | Ab | atem | ent T | ype |
| Location | | n U | Norm sed So | olely by | Ash | Description of estos Containing Ma | | Amount | Re | Re | m | E |
| Asbestos-Containing TO BE ABA | | l N | | nance/ | (i.e | e., thermal systems | | (Specify | Remova | Repair | cap | Enclosure |
| IN Facil | ity | Cı | istodia (12 | I Staff? | | surfacing, VAT | | SF or LF) | val | | Encapsulate | ure |
| (13) | | Ye | | | | other miscellane | eous) | | | | ह | |
| Mat Lab | | | | | Vat/Ma | stic | | 3,450 sf | | | | |
| Mat Lab | | | 1 | | Transit | te Fume Hood | | 300sf | | П | П | |
| Crawlspace(east of c | solumn line | | += | | 0.5000000000000000000000000000000000000 | sulation/fittings | | 600 If | | | П | |
| Crawispace(east of C | Joiumm ime | 0) 🛮 | 井 | | pipe iii | sulation/intings | | 00011 | | | | |
| None of Decistored Mas | to Haules | | ᆜᆜ | U 19 00 000 | Masta | Cubic Yards of | Name of Regis | tared Landfill | \perp | ш | | Ш |
| Name of Registered Was SERVICE TRANSPORT | | , INC. | | Hauler | | Waste 80 | MINERVA I | | | | | |
| City, State | | | | 2099 | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE | 19720 | | | | | tbd | | URG, OH 446 | 88 | | | |
| Completed By (Print or T | | Title | | | | Signature | 11111 | | Date | i | 2 | |
| Pat Decaro | 160/ | Estim | ator | | | Palle | val I Nels | 210 | 9/ | 191 | 16 | |

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

Ck#3094

| Date of Notification (1) | V2000 | | | | Name | e of Buildin | ng Ov | wner/Operator (| (2) | | | | 55000 | | 02500 | | | |
|--|------------------|--|------------------|--------------|---|--|-------------|----------------------------------|---|----------------------------------|-----------------|--------|---------|--------|-------------|--|--|--|
| 9 / _ | 19 / | 16 | | | Princeton Univertsity - Office of Design and Construction | | | | | | | | | | | | | |
| Agencies Notified | Type Notific | | | | | t Address D Elm Dr | | | | | | | | | | The second secon | | |
| ☑ DOLWD ☑ DHSS | Amende Amendm | | | | City, | State, Zip | Code |) | | 1531 | | | | 119 | | | | |
| ⊠ DH33 | ☐ Emerger | | ding | | Pri | nceton, I | NJ 0 | 8544 | | | SEP 21 | 20 | 16 | - | U | | | |
| (NJAC 5:23-8) | justificat | ion) | 9 | | Name | of Contac | ct | | | | Telephone N | | | 1 | | T | | |
| | ☐ Cancella | ition | | | Ro | bert Orte | go | | | | | | | | | | | |
| | | | | | FA | CILITY IN | NFO | RMATION | | ASE | BESTOS C | | | Lå | | | | |
| Name of Facility Where A | | Salanna de la company de la co | | | | | | | Type of | Facility (4 | (4) LICENSING | | | | | | | |
| Princeton Universit | ty- Enginee | ring Qua | adrai | ngle | е | | | | | ool (K-12) | 011 11 11 | 40) | | | | | | |
| Street Address | | | | | | ⊠ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial but the comme | | | | | | | | | | | | |
| Olden St | | | | | | | | | | nes, etc.) | | | | |)-1 | | | |
| City (5) | | | | | | | | | Square | Feet | # of Floors | | Bl | dg. A | ge | | | |
| Princeton | | | | | | | | | | | | | | | | | | |
| County (6) MERCER | | | | | Cour | nty Code (7 | 7)(ST/ | ATE USE ONLY) | Current | Use (Prior | if being dem | olishe | ed) | | | | | |
| Name of Monitoring Firm | Hired by Buil | ding Own | er (8) | | ASCM | No. | Na | me of Abateme | ent Contr | actor (9) | | | | | | | | |
| Cardno ATC Assoc | iates Inc. | | | | | | E | BRISTOL EN | VIRONI | MENTAL, | INC. | | | | | | | |
| Street Address | | | | | Str | reet Address | | | | | | | | | | | | |
| Bromley Corporate | Center-Thr | ee Terri | Lan | е | | | 1 | 1123 BEAVE | R STRE | ET | | | | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip Co | ode | | | | | | | | | |
| Burlington, NJ 0801 | 16 | | | | | | E | BRISTOL, PA | 19007 | | | | | | | | | |
| Project Manager for Moni | itoring Firm | | 1 | Tele | phone | No. | Te | lephone No. | | | License No. | ē. | | | | | | |
| Michael Keehn | | | -8800 | 2 | 215-788-6040 | | | 00509 | | | | | | | | | | |
| Start Date (10) | 100 | Scheduled 10 | | | tion Da | | | me of OSHA N BRISTOL EN | | /IENTAL, | INC. | | | | | | | |
| Occupancy Status During | Abatement (| Check on | ly one | e) | | | Str | eet Address | | | | | | | | | | |
| ☐ Facility Closed/Vacate | ment | | 1 | 1123 BEAVE | RSTRE | ET | | | | | | | | | | | | |
| Abatement Performed Time of Abatement: 7 | | | | | | scribe | 1 33 | y, State, Zip Co BRISTOL, PA | | -90011 | | | | | | | | |
| Scope of Work (Check all | I that apply) | | | M | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Reno Demo | | H. M | | | | | | | | | | | | | |
| | | | Is Lo | ocati | ion | | | | , | | | | Ab | atem | ent T | vpe | | |
| Location | | | | mal | | | | Description o | | | | - | | - | | 1 | | |
| Asbestos-Containing I TO BE ABA | | 17 | Jsed S Mainte | | - | | | Containing Ma ermal systems i | | | Amount (Specify | | Removal | Repair | Encapsulate | Enclosure | | |
| IN Facilit | | С | | | Staff? | (1.6 | | surfacing, VAT, | | '. | SF or LF) | | oval | Ŧ | nsd | Sur | | |
| (13) | | | - 1 | 12) | L | - | ot | her miscellane | ous) | | | | | | late | Ф | | |
| | | Ye | - | No | N/A | | | | | | | _ | | | | | | |
| C402 | | | D | | | Floor ti | le ar | nd mastic | | | 205 SF | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | |
| Name of Registered Wast | | | | 100 | JDEP \ | | Cul | bic Yards of | 1 | 0.000 | red Landfill | | | | | | | |
| BRISTOL ENVIRON | WIENTAL, ÎÑ | NC. | | 1000 | 18706 | | 1 100000000 | | 899,000 | | NORTH LAN | NDFII | _L | | | | | |
| City, State BRISTOL, PA 19007 | | | | | | | Dis | posal Date | 100000000000000000000000000000000000000 | , State IORRISVILLE, PA 19067 | | | | | | | | |
| Completed By (Print or Ty | rpe) | Title | | | | | l | Signature | 1 n | . / | .0 | Date | | | | | | |
| Brian Scafiro | | Estin | nator | • | | | | Drien 9 | Scafe | to / T | X | 9 | 1/9 | 11 | 6 | | | |

Ck#3095

| | | | | (, , | ii Suui | 10 1107 | 10 0.00 and 0.1 | 0) | 19: | | | | | | | | |
|---|-------------------------|------------------|-------------------|----------------|-------------|--------------|---|--------------------|-----------------------|-------------|--------|---------------|-----------|--|--|--|--|
| Date of Notification (1) | | | | | Name | of Buildin | g Owner/Operator (| (2) | MEG | | | 7 [| | | | | |
| 9 / | 19 / | 16 | | | Sea | ars Holdi | ngs | | | | | Angelow State | | | | | |
| Agencies Notified | Type Notific | ation | | | Stree | Address | | | | 9 4 1 | 22 | 159 | - | | | | |
| ⊠ EPA | | | | | 333 | 3Beverly | y Road | | III LI SEI | 21 | 20 | 10 | | | | | |
| ☐ DOLWD☐ DHSS | Amende Amendm | | | | City, S | State, Zip (| Code | | | | | | 1 | | | | |
| □ DCA | ☐ Emerger | | cluding | 1 | Ho | ffman Es | tates IL 60179 | 5 | ASBEST | OS C | ONT | ROL | -& | | | | |
| (NJAC 5:23-8) | justificat | | ora a mig | ? | Name | of Contac | t | | Telephone Nun | iber V | ING | | | | | | |
| | ☐ Cancella | ition | | | 7 | | | | | | | 6 | | | | | |
| | | | | | FA | CILITY IN | FORMATION | | | | | | | | | | |
| Name of Facility Where A | batement is | Taking | Place | (3) | | | | ty (4) | | | | | | | | | |
| Sears #1434 (Willow | wbrook Ma | II) | | | | | | School (K-12 | | • | | | | | | | |
| Street Address | | | | 111 | | | ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, | | | | | | | | | | |
| 50 US Highway 46 | | | | | | | | homes, etc.) | | , oldi b | anamış | , | | | | | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | | | | | |
| wayne | | | | | | | | 300000 | 2 | | 76 | | | | | | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | ior if being demol | shed) | | | | | | | |
| Passaic | | | | | | | | Department | Store | | | | | | | | |
| Name of Monitoring Firm | Hired by Buil | ding C |)wner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | | | |
| Creative Environme | ntal Soluti | ons | | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | | | | | |
| Street Address | s constant and a | 8 | | | | | Street Address | | | | | | | | | | |
| 39 West 37th Street, | 14 th Floor | | | | | | 1123 BEAVE | R STREET | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Code | | | | | | | | | | |
| New York NY 10018 | | | | | | | BRISTOL, PA 19007 | | | | | | | | | | |
| Project Manager for Monit | toring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | |
| Amarr Soler | | | | 888 | 2-290 | | 215-788-6040 | | 00509 | | | | | | | | |
| Start Date (10) | 95080 | | | | | te (11) | Name of OSHA N | | | | | | | | | | |
| | 16 | | 3_ / | 21 | / - | 17 | BRISTOL EN | VIRONMENTAL | L, INC. | | | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | ne) | | | Street Address | | | | | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | 1123 BEAVE | R STREET | | | | | | | | | |
| Abatement Performed Time of Abatement: | | | | | s - Des | cribe | City, State, Zip Code | | | | | | | | | | |
| | | | <u> </u> | Aivi | | | BRISTOL, PA 19007 | | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | M Full Cont | rainmant with Nan | rativa Dranavia | | | | | | | | |
| ≥3 sf or ≥3 lf | | | ⊠ Re | novati | on | | | | egative Pressure | | | | | | | | |
| ≥160 sf or ≥260 lf | | | ☐ De | | | | | Procedure | | | | | | | | | |
| | | | le | Locat | ion | _ | ☐ Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| Location of | of | | | lorma | | | Description o | f | | | atem | | | | | | |
| Asbestos-Containing N | | 1) | | d Sole | | | stos Containing Ma | terial (ACM) | Amount | Remova | Repair | Encapsulate | Enclosure | | | | |
| TO BE ABAT | | | | ntena odial | | (i.e | ., thermal systems i surfacing, VAT, | | (Specify SF or LF) | VOU | a. | aps | lost | | | | |
| (13) | , | - | | (12) | | | other miscellane | | 31 01 11) | <u>m</u> | | ulat | IГе | | | | |
| | | | Yes | No | N/A | | | . 30 | | | | Ф | | | | | |
| New Stock Room Area | a-2 ND Floor | | | | \boxtimes | Spray-c | n Fireproofing | | 980 SF | \boxtimes | | | | | | | |
| Middle Area of 2 nd Flo | or | | | | | Spray-c | n Fireproofing | | 1560 SF | | | | | | | | |
| Outside New Stock Ro | oom Area-2 | 2nd | П | П | | Spray-c | n Fireproofing | | 480 SF | | П | П | П | | | | |
| Floor Middle area of first flo | or | | $\overline{\Box}$ | П | | | on Fireproofing | | 3000 SF | | П | \Box | | | | | |
| Name of Registered Waste | e Hauler | | | IN | JDEP V | 0. 5 | Cubic Yards of | Name of Regis | tered Landfill | | | | | | | | |
| SERVICE TRANSPO | | , INC | :. | 13500 | auler II | No. | Waste | MINERVA I | | | | | | | | | |
| City, State | | | | | 20990 | | 30 Disposal Date | City, State | | | | | | | | | |
| NEW CASTLE, DE 19 | 9720 | | | | | | tbd | | URG, OH 4468 | 8 | | | | | | | |
| Completed By (Print or Typ | oe) | Title | 2 | | | | Signature/ | 1/1/ | | ate / | 1 | | | | | | |
| Pat Decaro | | 15-47-13-45-14-0 | timat | or | | | 1 olan | 1 1 X 10/ | mist | 9/19 | 1/16 | | | | | | |

CR#3095

| Date of Notification (1) | | | | Name of Building Owner/Operator (2) | | | | | | | | | | | | |
|--|----------------|--------------|-------------------|-------------------------------------|--------------------------------|--|-------------------------------|-------------|------------------------------|-------------|----------|-------------|-----------|--|--|--|
| 9 / 19 / | 16 | | | Sears Holdings | | | | | | | | | | | | |
| Agencies Notified Type Notifie ☐ EPA ☐ Initial | ation | _ | | | Address | / Road | | | EGE | 1-1 | <u> </u> | | M | | | |
| ☑ DOLWD ☐ Amende | | | | | State, Zip C | | | 1 | 1 | | | - 11 | | | | |
| ☐ DHSS Amendn | _ | | | | 10 950 | tates IL 60179 | | | SEP 2 | 1 2 | 016 | | U/I | | | |
| DCA Emerge (NJAC 5:23-8) ustificat | | cluding | 3 | 2.000 | of Contac | | - | | Telephone Numb | er | - 3 | - | | | | |
| Cancella | 100 | | | | | | | | ASBESTOS (| | TD0 | 1 | 9 | | | |
| | | | | FΔ | CILITYIN | IFORMATION | | | LICEN | | | _ \ | - | | | |
| Name of Facility Where Abatement is | Taking | Place | (3) | 1 // | OILITT III | II OKIMATION | Type of Faci | | | | | | | | | |
| Sears #1434 (Willowbrook Ma | | | (0) | | | | School (H | | | | | | | | | |
| Street Address | , | | | | Subchapter 8 (Other than K-12) | | | | | | | | | | | |
| 50 US Highway 46 | | | | | | Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | | | |
| City (5) | | | | | | | Square Feet | | # of Floors | BI | dg. A | ge | | | | |
| wayne | | | | | | | 300000 | | 2 | | 76 | | | | | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use | (Prio | r if being demolis | hed) | | | | | | |
| Passaic | | | | | | | Departm | ent S | Store | | | | | | | |
| Name of Monitoring Firm Hired by Bui | lding O | wner (| (8) | ASCM | No. | Name of Abateme | ent Contractor | (9) | | | | | | | | |
| Creative Environmental Soluti | ons | | | | | BRISTOL EN | VIRONMEN | TAL, | INC. | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | | |
| 39 West 37th Street, 14th Floor | | | | | | 1123 BEAVE | RSTREET | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | | | | | |
| New York NY 10018 | | | | | | BRISTOL, PA 19007 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | |
| Amarr Soler | | | 2000 | 2-290 | | 215-788-6040 | | | 00509 | | | | | | | |
| Maria Warner Warner Company of the C | | | | te (11) | Name of OSHA M | lonitor | | | | | | | | | | |
| 10 / 3 / 16 | | | | _ / - | 17 | BRISTOL EN | VIRONMEN | TAL, | INC. | | | | | | | |
| Occupancy Status During Abatement | | 000000 | | | Street Address | | | | | | | | | | | |
| ☐ Facility Closed/Vacated During Ent ☐ Abatement Performed Outside of N | | | | | ariba | 1123 BEAVER | ON DOTTO A LINE OF COUNCY AND | | | | | | | | | |
| Time of Abatement:AM | | | | s - Des | cribe | City, State, Zip Co | | | | | | | | | | |
| | | | | BRISTOL, PA 19007 | | | | | | | | | | | | |
| Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | ⊠ Re □ De | novati molitic | | | | | | | | | | | | | |
| | | | Locat | | | | and a second | | and the second second second | Ab | atem | ent T | уре | | | |
| Location of | | | Norma d Sole | | 0-1 | Description o | | | A 1 | Z, | R | ш | ш | | | |
| Asbestos-Containing Material (ACI TO BE ABATED | ^{/1)} | Ma | intena | nce/ | | stos Containing Ma | | | Amount (Specify | Removal | Repair | Encapsulate | Enclosure | | | |
| IN Facility | | Cus | todial ((12) | Staff? | | surfacing, VAT, | | | SF or LF) | val | _ | Sul | sure | | | |
| (13) | Ì | Yes | No | N/A | 1 | other miscellane | ous) | | | | | ate | " | | | |
| 2 nd floor | | | | | Vat/mas | stic | | | 8000 SF | | | | | | | |
| Elevator Area (1st floor) | | | | | Mastic | | | | 20 SF | \boxtimes | | | | | | |
| 1st Floor Hallway | | | | | Vat/mas | stic | | | 150 SF | | | | | | | |
| !st Floor Stockroom | | | | \boxtimes | Vat/mas | stic | | | 700 SF | | | | | | | |
| Name of Registered Waste Hauler | | | N | JDEP \ | Vaste | Cubic Yards of | Name of R | egiste | red Landfill | | | | | | | |
| SERVICE TRANSPORT GROU | P, INC | | Н | auler II 20990 | | Waste 30 | MINER\ | /A L | ANDFILL | | | | | | | |
| City, State NEW CASTLE, DE 19720 | | | | | | Disposal Date | City, State WAYNE | SBU | RG, OH 44688 | | | | | | | |
| | Title | | | | | // | 2 A | 1 | | | | | | | | |
| Completed By (Print or Type) Pat Decaro | Title | stimat | tor | | | Signature / | JNd | ar | Da | 9// | 9/1 | 6 | | | | |

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2016-142

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

Check # 8016 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/1 19 1/11 16 1 Mark Ruffolo Type Notification Agencies Notified Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment SEP 2016 DOL Ramsey, NJ 07446 Telephone Number Name of Contact X DOH Cancellation ACDECTOR CONTROL ☐ DCA Don Griego **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Mark Ruffolo Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Ramsey, NJ 07446 Bergen residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/29/2016 09/30/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure X Glovebag procedure X Renovation Non-friable procedure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely Ε E Location of е е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or material to be material (ACM) 0 a a LF) abated in facility (13) V Yes N/A No p X 86 If pasement boiler room, main room pipe insulation X closet & stairway areas NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler 19563 Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 09/30/2016 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 09/19/2016 Gordana Luna Secretary/Treasurer

| Date of Notification (1) | Name of Building Owner/Operator (2) | | | | | | | | | | | | | | |
|---|--|-------------------|--|-------------------|-----------------|--|--|----------------|------------------|------------|---|-----------------|-------------|-------------|--|
| 9/16/2016 | | | THE HUDSON TEA CONDO ASSOCIATION INCE GE VE | | | | | | | | | | | | |
| Agencies Notified Type N | otification | | I i | Address | | | | 15 | 31 | | | - | | | |
| | tial | | | | 201-017-001-001 | N STREE | T, MANAGE | 1111 | 14 | ICE | _ | | | į | |
| | nended nendment # | | | ate, Zip C | | 20 | | 14 1 | - | ULI | (| 1 - | 2016 | Michael Man | |
| En | nergency (including | g | | OKEN, I | | 30 | | I Tale | | 1 | | | | | |
| | stification) ancellation | | | | | MANAGE | :P | I reis | enkone | -UNI HOUTE | ÷(.~ | -1 | TRO | & J(| |
| | ooiidaoii | | | ILITY INF | | | .1 \ | 4- | | - | | - | i | | |
| Name of Facility Where Abatemer | | | | | Ortimoti | | pe of Facility (| 4) | | | | | | | |
| HUDSON TEA BUILDING | CONDO ASSO | OCIA | TION, II | VC. | | | School (K-1 | 2) | | | | | | | |
| Street Address | | | | | | | Subchapter Other (i.e. p | | | | rild | lingo | ham | | |
| 1500 WASHINGTON STR | EEI | | | | | X | etc.) | | | erciaru | | | | | |
| City (5) HOBOKEN | | | | | | | uare Feet | # of | | Bldg. Age | | | | | |
| County (6) | | | 0 1 | o | | | 20000 | 12 | | | 111111111111111111111111111111111111111 | 905 | | | |
| HUDSON | | | | Code (7) | 0 | | rrent Use (Pric | | ng demo | olished |) | | | | |
| Name of Monitoring Firm Hired by | Building Owner (8 | ASCN | 4 No | | | batement Con | | (0) | | | | | | | |
| THE OAK GROUP | building Owner (o | , | ASCI | n NO. | | A CONTRACTOR OF THE PARTY OF TH | | | | | | | | | |
| Street Address | | | | | | Street Add | | 714, 114 | <u> </u> | | _ | - | | | |
| 200 FEDERAL STREET, S | SUITE 224 | | | | | | FORNIA A | VENU | E | | | | | | |
| City, State, Zip Code | | | | | | City, State | Zip Code | | | | | | | | |
| CAMDEN, NJ 08103 | | | | | | PATER | SON, NJ 07 | 503 | | | | | | | |
| Project Manager for Monitoring Fir | m | Telepho | | | Telephone | No. | | License | e No. | | | | | | |
| ED EICHEN, CIH | | | 77-0060 | | 973-345 | -8020 | | 01169 | 9 | | -2-11-11 | WIND CONTRACTOR | | | |
| Start Date (10) 9/30/2016 | 12/31/ | | | Date (11) | | | SHA Monitor | | _ | | | | | | |
| Occupancy Status During Abateme | 7-10 | | | | | | STORATIO | IN, IN | U. | | | | | | |
| | order and the contract of the contract of | | | | Street Add | ress FORNIA A\ | /ENI II | = | | | | | | | |
| Facility Closed/Vacated Durin Abatement Performed Outside | g Entire Period of a e of Normal Facility | Abater | nent s | | | 170-00-00-00-00-00-00-00-00-00-00-00-00-0 | | V LIVOI | _ | | | | | | |
| Other - Describe: NORMAL I | HOURS | | City, State, Zip Code PATERSON, NJ 07503 | | | | | | | | | | | | |
| Scope of Work (Check All That App | ply) | | | | | | | | | | - | | | | |
| ≥3 sf or ≥3 lf | X | Renova | ation | | | | ull Containme | ent with | Negativ | e Pres | sure | 9 | | | |
| ≥160 sf or ≥260 If | | Demoli | tion | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | |
| | | | Glovebag Procedure Non-Exempted (*) and Non-Friable Pro | | | | | | | | | edure | 9 | | |
| | Is | Locat | ion | | | | | | | | | Abate | ment | | |
| Location of | | Vorma | | | Des | scription of | | | | _ | _ | Ту | pe | | |
| Asbestos-Containing Material (. <u>TO BE ABATED</u> | | ed Sole intena | | | | aining Mater systems ins | | | nount | ١. | . | | E | ш | |
| In Facility | Cus | todial ((12) | Staff? | (1.6. | surfac | cing, VAT, or | | | oecify or LF) | Zaliova | 3 | Repair | cap | nclo | |
| (13) | | (12) | | | other n | niscellaneou | s) | | | 200 | | air | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | | | te | W. | |
| EXTERIOR FACADE | | X | | RE | MOVAL | OF COA | TING | 40 | SF | X | | | | | |
| | | 1 | | | | | | | | | | | | | |
| | | | | | | | | | | - | + | - | - | | |
| | | | - | | | | | | | | + | | | | |
| Name of Registered Waste Hauler | | I N | JDEP W | acto | Cultin | Vorda | N | Doctor- | od! | 4611 | | | | | |
| | | 222 | lauler ID | 7.3 (E. E. E C.) | Oubic of Was | | Name of F | 1000 | | | | D.E. | | | |
| D&S RESTORATION, INC. | | 1 | 3506 | | | (YDS) | TULLY | OWN | KES(| UUR(| E | KE(| COV | ER' | |
| City, State | | | | al Date | City, State | | | | | | | | | | |
| PATERSON, NJ 07503 | T | | | | | OUS DAT | E TULLY1 | OWN | | | | | | | |
| Completed by BOGDAN JOLDZIC | Title PRE | SIDE | NT | | S | gnature | | Date 9/16/2016 | | | | | | | |

| Date of Notification (1) | Name of Building Owner/Operator (2) Bozzi Builders E C E I V E | | | | | | | | | | | | | | |
|--|---|------------|---------------------|----------------------------|-----------------|---|----------------------------------|-------------------|--------------|-----------------------------|--------|---|-------------|-----------|--|
| Agencies Notified | Type Notific | cation | | Stree | et Address | | | BOZZI Buile | TÜ F | - 0 | | | | | |
| EPA DEP | Initial Amende | ed | | City | State, Zip (| 20do | | | | SFP | 9.1 | 20 | 118 | | |
| ⊠ DOL | Amendn | | na | City, | State, Zip t | Joue | Haddo | on Heights, | NJ 080 | 35 | E. | | | | |
| M DOH □ DCA | justifica Cancella | ition) | .9 | Name | e of Contac | | ie Bozzi | | | one Aun | per c | ON | TRO | L& | |
| | | - | | FA. | CILITY INF | | | | <u>L</u> = | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Name of Facility Where | Abatement is | Taking Pla | ce (3) | | | | nix (10) | Type of Facilit | y (4) | | | | | | |
| | | Resident | ial | | | | | School (K- | 12) | than 1/ 1' | 2) | | | | |
| Street Address | | | | | | Other (i.e., homes, etc | private & | commerci | al buil | dings | , | | | | |
| City (5) | | | | Square Feet 2000 | # of F | loors 2 | В | ldg. A | 7. | | | | | | |
| County (6) | 1180 | don Hei | 3111, 1 | | nty Code (| 7) (S | TATE | Current Use (F | rior if beir | | shed) | /(|)+/- | - | |
| Camden USE ONL | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) NA | | | | | No. | Na | | nent Contractor (| 500.5 | Comrio | T. | | | | |
| Street Address | | | Str | eet Address | ens Environ | mentai | Service | es, II | ıc. | | _ | | | | |
| | | 0., | 00171001000 | PO | Box 32: | 2 | | | | | | | | | |
| City, State, Zip Code | | City | , State, Zip C | | NII (| 00501 | | | | | | | | | |
| Project Manager for Mor | ephone | No | Tel | ephone No. | Allentow | | ise N o. | | | | _ | | | | |
| | | 9-9688 | 10. | (609) 259-9688 00493 | | | | | | | | | | | |
| Start Date (10) Scheduled Completion Date (11) 9/30/16 10/7/16 | | | | | | | me of OSHA N | | | | | | | _ | |
| 9/30/16 Occupancy Status Durin | | - | t A d d | N | 1ECS | | | | | _ | | | | | |
| Facility Closed/Vacate | | | | ment | | Stre | eet Address | PO I | Box 341 | 1 | | | | | |
| Abatement Performed Other - Describe: | | | | | | City | , State, Zip C | | | | | | | | |
| Scope of Work (Check a | III that apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | X | enovat emolitic | ion K | tousf ARACTE | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | | 1000 | Location | | | | | | | | T | | ment | | |
| Location | | Use | d Solei | y by | | | Description of | | | | _ | Тур | e T | | |
| Asbestos-Containing N TO BE ABAT | ED ` | | intenar Sustodia | al | | therr | ontaining Mate nal systems ir | nsulation, | Amo (Spe | cify | Z | | Enc | m | |
| IN Facility (13) | | | Staff? (12) | | | | facing, VAT, er miscellaneo | | SF or | LF) | Remova | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | | | /al | = | ılate | ure | |
| Exterior H | ouse | | × | | | Tr | aniste Sidi | ing | _ 200 | 0 sf | X | | | | |
| Exterior Ga | arage | | × | | | Tr | ansite Sidi | ing | _ 600 | sf | × | | | | |
| | | _ | | | | | | | | | | | | | |
| Name of Begintared Wi- | Nosts 1 | 0.1 | is Vasd | I Name of D | | - 1611 | | | | | | | | | |
| Name of Registered Was Stevens Environn | | vices, In | 1 6 | JDEP V lauler ID 182 | | of V | oic Yards Vaste 6 CU | Name of Reg | | ^{ndfill} VS Lan | dfill | | | | |
| City- State | 200-20 | | | 102 | - / | Disp | oosal Date | City, State | / | | | | | - | |
| Completed Div | Allentow | | | | | 1 | 0/7/16/ | 10/ | Morr | isville, | PA | | | | |
| Completed By Mahlon E. Ste | vens | Title P | rojec | t Man | nager | | Signature | | Date 9/20/16 | | | | | _ | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#25864

| | | | | (Purs | suant to NJAC | C 8:60 a | nd 12:120) | FEB P | r | 7 1 | n c | 240 | | | | | |
|--|-----------------|---------|----------------------|---------|---------------------------|----------------------------------|----------------------------------|--|---------|---|-------------|-----------|--|--|--|--|--|
| Date of Notification (1) | | | | | Name of Puil | dina Ou | mas/Operator (2) | IN EC | E | [] /\ | | | | | | | |
| 9/16/2016 | | | | | | | ner/Operator (2) | | | | | | | | | | |
| Agencies Notified | Type Notifica | ation | | | PRIVATE I Street Addre | | NCE | IIIII CEE | 1 0 | 1 20 | 116 | 11 | | | | | |
| EPA | Initial | ation | | | Street Addre | 55 | | IN THE SEL | 2 | CI | 110 | - | | | | | |
| DEP DEP | Amend | ed Ame | endmer | nt # | City, State, Z | in Code | | | | | | | | | | | |
| □ DOL | ☐ Emerge | | | SE DEVE | WILLINGE | | | ASBEST | | | | . & | | | | | |
| □ DOH | justifica | | oluullig | 1 | Name of Cor | | 40 | | | SING | Num | nar | | | | | |
| DCA | ☐ Cancell | 350 | | | DAVID D'A | | | (Person of the Control of the Contro | Trele | priorie | Nulli | Dei | | | | | |
| | ouncen | ation | | | FACILITY IN | Operated processing the | 200 | | | | | - | | | | | |
| Name of Facility Where Ab | atement is Ta | aking F | lace (3 | | ACILITIN | FORWIA | KIION | Type of Facility (4) | | | | | | | | | |
| PRIVATE RESIDENCE | | 9 | | / | | | | School (K-12) | | | | | | | | | |
| Street Address | | | | | | ☐ Subchapter 8 (Other than K-12) | | | | | | | | | | | |
| | | | | | | | | Other (i.e., private | | | | ldinas' | | | | | |
| City (5) | | | | | | | | Square Feet | | | Bldg. | _ | | | | | |
| WILLINGBORO | | | | | | | | oqua.o. | | 1 10010 | Diag. | 7.90 | | | | | |
| County | | | | | County Code | (7) (ST | ATE USE ONLY) | Current Use (Prior if be | ina de | emolis | hed) | | | | | | |
| BURLINGTON | | | | | | (,) (| ,,,,, | Tourish cook (Fried in So | mg ac | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | nou) | | | | | | |
| Name of Monitoring Firm H | lired by Buildi | na Ow | ner (8) | | ASCM No. | Name o | of Abatement Cont | ractor (9) | | | | | | | | | |
| MECS | | | | | | | | RONMENTAL INC. | | | | | | | | | |
| Street Address | | | | | | | Address | ROMMENTAL INC. | | | | | | | | | |
| P.O. BOX 341 | | | | | | 15 BL | ACK FOREST R | OAD | | | | | | | | | |
| | | | | | | City, State, Zip Code | | | | | | | | | | | |
| CROSSWICKS, NJ 0851 | 5 | | | | | HAMILTON, NJ 08691 | | | | | | | | | | | |
| Project Manager for Monito | hone N | lo. | | _ | one No. | | Licer | nse No | D. | | | | | | | | |
| BILL WEISGARBER | 15-11- | 40 | | 609-89 | 0-7110 | | 0067 | 76 | | | | | | | | | |
| Start Date (10) | | Sche | duled C | omplet | ion Date (11) | Name o | of OSHA Monitor | | 1 | | | | | | | | |
| 9/20/2016 | | 9/25/ | 2016 | | | MECS | | | | | | | | | | | |
| Occupancy Status During A | Abatement (C | heck o | nly one |) | | Street A | Address | | | | | | | | | | |
| Facility Closed/Vacate | ed During Ent | ire Per | od of A | bateme | ent | P.O. B | OX 341 | | | | | | | | | | |
| Abatement performed out | side of workir | ng hour | s 5PM- | 2 AM | | City, State, Zip Code | | | | | | | | | | | |
| | | | | | | CROSSWICKS, NJ 08515 | | | | | | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | 8 | | | Full Containment w | ith Ne | gative | Pres: | sure | | | | | |
| $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ | | | | | Renovat | ion | | Mini-Enclosure | | | | | | | | | |
| \bowtie \geq 160 sf or \geq 260 lf | | | | | Demoliti | on | | Glovebag Procedure | | | | | | | | | |
| | | | | | | | | ☐ Non-Exempted (*) | & Non | -Friab | le Pro | cedur | | | | | |
| | | 1 | Locat | | | | | | Abat | ement | Туре | | | | | | |
| Location of Asbestos-C | | | rmally I Solely I | | | | estos Containing thermal systems | Amount (Specify SF or | Z Z | | En | Ш | | | | | |
| Material (ACM) TO BE A | BATED In | | 70 | /Custo | | | g, VAT, or other | LF) | em | Repair | cap | nclo | | | | | |
| Facility (13) | | | Staff? | | | niscellan | | | Removal | air | Encapsulate | Enclosure | | | | | |
| | | Yes | No | N/A | | | | | | | ŧ | (D | | | | | |
| THROUGHOUT | | | X | | NFVAT & N | IISC. A | CM | 1250 S.F APPROX. | X | | | | | | | | |
| | | | | | | | | | _ | | | | | | | | |
| | | | | | | | | | - | _ | | | | | | | |
| Name of Registered Waste | Haulas | | | | NJDEP Waste | | Cubic Yards of | Name of Desistant La | n of EU | | | | | | | | |
| Name of Registered Waste | naulei | | | | Hauler ID No. | | Waste | Name of Registered La | патш | | | | | | | | |
| BLOOM WASTE SERV | ICES, INC. | | | | | | 20 YDS | GROWS | | | | | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | | | | | |
| CHERRY HILL, NJ | | | | | | | 9/26/2016 | MORRISVILLE, PA | | | | | | | | | |
| Completed By | Title | | | | Signatu | ri 27-Mar | 010 | Date | | | | | | | | | |
| DAVID D'ANDREA | | PRES | SIDEN | T | | 100 | inel) | 1) (2nde 2 | 9/16 | 2016 | | | | | | | |
| Victoria de Como | | - | | | | The same | 71-1 | | 1 | | | | | | | | |