#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 17-101 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 0 5 / 1 7 hasan taylor Agencies Notified Type Notification ASBESTOS CONTHUL & Street Address ✓ Initial ☐ EPA LICENSING Amended DEP City, State, Zip Code Amendment #: DOL roselle, nj 07204 Emergency (including Telephone Number DOH Name of Contact justification) ☐ DCA hasan taylor Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) hasan taylor Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) UNION roselle Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 04/28/17 04/18/17 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 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure $\times$ >3 sf or >3 If Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure E Is location normally used solely E Location of е e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m staff(12) C (Specify SF or material (acm) to be C material (ACM) 0 a a LF) abated in facility (13) V Yes No N/A p 981ft X PIPE INSULATION BASEMENT Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 yd. Disposal Date City, State City, State 04/18/17 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type)

04/05/2017

ASB-41 \* Do not use this form for asbestos licensure exempted activities.

PRESIDENT

**BOGDAN JOLDZIC** 

## State of NJ Notification of Asbestos Abatement

D&S Proj. #: 17-100 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 0 5 / 1 7 1 ASBESTOS CONTROL & tristen comey Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP City, State, Zip Code Amendment #: DOL M Emergency ho-ho-kus, nj 07423 (including DOH. Name of Contact Telephone Number justification) ☐ DCA tristen comey Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) tristen comey Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HO-HO-KUS bergen 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 Project Manager for Monitoring Firm Telephone Number Phone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 04/07/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure  $\ge 3$  sf or >3 If Mini-enclosure Renovation Glovebag procedure 2160 sf or >260 lf ☐ Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Ε Location of E by maintenance/custodial е asbestos-containing n Amount Description of asbestos-containing staff(12) n m p material (acm) to be C (Specify SF or material (ACM) 0 а abated in facility (13) а Yes No N/A p BASEMENT PIPE INSULATION 136 l ft X Registered Waste Hauler Name of Registered Landfill NJDEP Hauler ID# Cubic Yards of Waste D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 04/10/17 TULLYTOWN, PA Completed by (Print or Type) Signature Titla Date

04/05/17

Do not use this form for asbestos licensure exempted activities. ASB-41

PRESIDENT

**BOGDAN JOLDZIC** 

## CK 3290

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



011 00 10														94.	1000		
Date of Notification (1) 4/7/17				f Building ship of L		perator	(2)			ΛP	R 1	2	201	9			
Agencies Notified Type Notification	1		Street A						150	AI	41		201				
▼ EPA			1976	Morris A		1	1	CDECT	-00	201	150 -	W					
DEP X Amended Amendmen	nt #_1	City, State, Zip Code Union, NJ 07083								ASBESTOS CONTROL & LICENSING							
DOH justification	)			f Contact Hadere		Telephone Number											
				ILITY INFO	ORMATIO		1	-				-					
Name of Facility Where Abatement is Tak Vauxhall Branch Library	ng Place (3	3)					-	of Facility (	90% 1216					V2-03			
Street Address								Subchapter Other (i.e. p	8 (Oth			build	linas.	home	es		
333 Russell St.								etc.)			0,0,0,			7117-345.1275			
City (5) Vauxhall NJ 07088							Squa 3800	re Feet )	# of 2	Floors			ldg. A 5 ye:				
County (6) Union			County (STATE	Code (7) USE ONLY,	)			ent Use (Pric			olished	4)	252 10				
Name of Monitoring Firm Hired by Building Prestige Environmental	Owner (8)							ne of Abatement Contractor (9)									
Street Address							Addre										
220 Davidson Ave suite 307						135	Kinne	lon Rd su	suite 102								
City, State, Zip Code Somerset NJ 08875								tate, Zip Code elon, NJ 07405									
Project Manager for Monitoring Firm Dilip							ephone No. License No. 01228										
Start Date (10) 4/7/17	Scheduled Completion Date (11) 4/14/17							Name of OSHA Monitor Yannuzzi Environmental Services									
Occupancy Status During Abatement (Che		Street Address															
Facility Closed/Vacated During Entire	Period of	Ahatem	ent			135 I	Kinne	Ion Rd su	ite 10	2							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: abandonded flood	mal Facility	/ Hours	City, State, Zip Kinnelon, N														
Scope of Work (Check All That Apply)			A-110-1-34D														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	Renovation Demolition    X   Full Containment with Negative Pressure   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure															
	le le	Locati	on.					- Exemples	7 211	2 110111	1		NEW DY	ment			
Location of	1	Normall	У		Des	crintian	rintion of						Туре				
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	intenar	colely by enance/ al Staff? Asbestos Con (i.e. thermal surfa				scription of taining Material (ACM) systems insulation, cing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A											Ф	5500		
children library and kitchen			Х			VAT				350 sf	-	2					
crawlspace, above ceilings etc.			Х	pi	pe therr			on		25 sf	х						
roof flashing			x roof flash							0 sf	2	2					
exterior caulking		X															
Name of Registered Waste Hauler	1 1000	JDEP W		Cubic Y			10000	of Registered Landfill									
Yannuzzi Group		1000000	Hauler ID No.   of Waste   17467				Grows										
City, State kinnelon NJ							,	City, State Morrisvi									
Completed by John Mucha	Title Proje	Title Signer Project Mgr.					1	Much	_		Date 4/7/	17					

Ch 3004			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		т		-	G E		₩ <sup>Pr</sup>	E FO		
Date of Notification (1) 3/30/2017			Name o	of Building ence	Owner/0	Operator	(2)		les les	A	PR 1	2 1	2017			
Agencies Notified  Type Notification  I EPA  DEP  Amended Amendmen			Street Address  ASBESTOS CON LICENSIN  City, State, Zip Code South Plainfield, NJ 07080											)L&		
☐ Emergency justification) ☐ DCA ☐ Cancellation	(including		Name of Contact Telephone Number Guy Moretti													
Nema of Facility (Africa) About 1917 Table			FAC	ILITY INFO	ORMAT	ON				-						
Name of Facility Where Abatement is Takin Residence	ng Place (	3)					Тур	be of Facility (4	eren Wen							
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			ldings	, hom	es,		
City (5) South Plainfield, NJ 07080			Square Feet 1800										Bldg. Age 65			
County (6) Middlesex				Code (7) USE ONLY	)		Cur	rent Use (Prid	or if being	demol	lished)					
Name of Monitoring Firm Hired by Building A. Seine Lighthouse	Owner (8)		ASCM No. Name of Abatem Brinks Tank						nent Contractor (9) Services							
Street Address PO Box 354			Street Address 1256 Liberty Ave													
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 0720														
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. Telephone No. 201-349-2666 844					No. -7465	1.0	icense 1316							
Start Date (10)	Schedul	ed Cor	mpletion	Date (11)				SHA Monitor Lighthouse	Solution	ons						
Occupancy Status During Abatement (Che	ck Only Or	ne)				Street										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of a	Abaten / Hours	PO Box 354  City, State, Zip Code  South Orange, N					Zip Code	7079			1				
Scope of Work (Check All That Apply)						Oout	11 01	rango, 140 c	77075							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					N G	full Containme Mini-Enclosure Blovebag Proc Ion-Exempted	edure				·e			
Location of	172	Locat	ally						( ) = 1.		Abatement Type					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	Used Solely by Maintenance/ Custodial Staff?  (12)  Used Solely by Asbestos Co					escription of taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
hoomout	Yes	No	N/A			rmal systems insulation, surfacing, VAT, or her miscellaneous)    Secify Structure   Secify Secience Security Secify Secify Secience Secience Security Secience Security Secience Security Section Security						te	CO .			
basement	X				100	in π	X									
Name of Registered Waste Hauler Newark Carting		H	NJDEP Waste Cubic Yard of Waste 04509					Name of F Waste N				ìll				
City, State East Orange, NJ					Dispos	sal Date		City, State Penn Ar		A						
Completed by Alison Lamers	Title	e Mai	nager		S	ignature	A	MOA	Ž.	100	Date 3/30/2	017				

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Data of Natification	N	1		(PURSUAN	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	The same of the sa	ND 12:120-7				5 U C						
	/				HOPES C	Building O	rator (2)	m									
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Agencies Notified	Type of N	otificat	ion			DEN STRE	ET	and the same of th	had had	MI II	1 2 20	1.7	-				
☑ EPA					_	e, Zip Code							+				
☐ DEP	<b>V</b>	Amen	ded			N, NJ 0703			ASE	SESTOS	CONT	ROL	8				
☑ DOH	_				Name of	Contact		1	Telepho								
☑ DOL				/ justification	ANA MEJ	IA				-							
		Cance	ellation		A CIL ITY IA	FORMATIO	OM.										
				F.	ACILITY	IFORMATIO	JN										
Name of Facility Whe	ere Abatem	ent is	Taking	Place (3)		Type of F	acility (4)						-				
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							School (K										
								er 8 (Other									
900 HAWILTON STRE	EI						Other (I.e.	, private & mes, etc.)	commerc	ial							
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	IENTAL, IN	C				Street Ad	TAR CONTE	RACTING G	ROUP. IN	C.							
	E 407					Street Au	uress										
City, State, Zip Code						32 William	s Parkway										
FAIRFIELD, NJ 07004						_	e, Zip Code										
	nitoring F	irm		Telephone Nu	mber	1	•										
		973-774-3300		East Hand Telephone	ver, NJ 070	36											
//	/					License I	Number										
$\frac{-05}{1} = \frac{25}{1}$	/	-	<u>00</u> /	/	17	073.89	84-8682			0	0860						
Date of Notification (1)    03							OSHA Moni	tor			0000						
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						Street Address											
Abatemen	t Performe	d Outs	ide of N	ormal Facility		32 Williams Parkway											
		7.0048	A MIDNI	IOUT													
Other - De	scribe				ENDS	City, State, Zip Code  S East Hanover, NJ 07036											
Scope of Work (Chec	k All That				1100	Lastriano	VC1, 140 07 0	00	Name of Street				-				
			7	Renovation	V	Full Containment with Negative Pressure											
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Location of			ls		Descript	ion of			Abateme	nt Type							
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NEVVAKK, NJ					Date	PEN ARG	YLE, PA 180	)72									
Completed by (Print of	or Type)			Title			Signature	-			Date						
	1001					To Date											
PAUL MAST				VICE PRESIDE	NT		10.0	1111	07		0.4	111/1-	7 I				

Location of	Is	Description of		Abatem	ent Type		
Asbestos Containing  TO BE ABATED in Facility (13)	Location Normally Used Solely by Main- tenance/ Custodial Staff (12)	Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A				1		
2ND FL PHONE CLOSET		FLOOR TILE	36 SF	<b>V</b>			
2ND FL REC ROOM		PLASTER CEILING	1600 SF	<b>V</b>			
2ND FL OFFICE		PLASTER CEILING	630 SF	V			
2ND FL REC ROOM BALCONY		DEBRIS	4 SF	<b>V</b>			

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

Check # 25465

Date of Notification (1)				Name	o of Duildin	200	vner/Operato	- (2)		1	F	C	E	1	W		
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Agencies Notified	Type Notific	ation		Stree	t Address			Саррог							_		
<b>⊠</b> EPA	Initial										1	APR	1	2	2017		
DEP DOL	Amende Amendm			City,	State, Zip	Code									=		
	☐ Emerger	ncy (includin	g				(	Chester, NJ 0	7930		CDE	CT	201	301	ITD		
DOH DCA	justificat			Name	e of Contac				Tele	phone N	lumbe	1111	)EV	CIVI	0		
	Cancella	LIOIT			S	teve	1					- 1					
				FA	FACILITY INFORMATION												
Name of Facility Where								Type of Facility	y (4)								
		Residenti	al					School (K-		or thon	V 12\						
Street Address								Subchapter  Other (i.e., homes, etc.)	private 8	& comm	nercial	build	lings,				
City (5)	7224			50				Square Feet	# 0	f Floors	i,	Blo	dg. A	ge			
	Che	ster, NJ (	7930					3500	_	2			100	)+/-	_		
County (6)	Morris (			USE	nty Code ( ONLY)	7) (S	STATE	Current Use (F	Prior if be	eing der	molish	ed)					
Name of Monitoring Firm		ding Owner		ASCM	No.	Na	me of Abater	nent Contractor (	9)								
	MECS					_	Ste	vens Environ	menta	al Serv	vices	, In	c.				
Street Address	DO D	2.41				Str	eet Address	200	_								
Cit. Ctata 7ia Cada	PO Box	341				PO Box 322  City, State, Zip Code											
City, State, Zip Code	rosswicks,	NJ 0851	5			City, State, Zip Code Allentown, NJ 08501											
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Tel	ephone No.	Lice	ense Ne	9,				=			
Bill We	eisgarber		(60	9) 29	8-4070	_	(609) 2:	59-9688			00	493			_		
Start Date (10)		Scheduled C			ate (11)	Na	me of OSHA										
4/21/17			1/28/	17		MECS Street Address											
Occupancy Status Durin						Str	eet Address	·DO 1	Day 2	<i>1</i> 1					-		
						PO Box 341 City, State, Zip Code											
Other - Describe:	a Outoido oi 14	omar dom	ty i lou			Crosswicks, NJ 08515											
Scope of Work (Check a	all that apply)						72-72	C1055W1C	10, 110	005				_	=		
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			enovat emolitic				Mini-En Gloveb	ntainment with Ne closure ag Procedure empted (*) and N									
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Location	of		omally Solel				Description o	·			Туре						
Asbestos-Containing N	Material (ACM)	Mai	ntenan	ce/	Asbes		ontaining Ma		An	nount				т			
TO BE ABAT			ustodia Staff?	al	(i.e.,		mal systems rfacing, VAT			pecify or LF)		Rer	20	Encapsulate	Enclosure		
(13)			(12)				er miscellane		01	OI LI )		Removal	Repair	psul	losu		
		Yes	No	N/A								파		ate	Гe		
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Crawl Sp	ace		×		Th	erm	al Pipe In	sulation	12	20 lf		×					
lst floor c	losets		×		Th	erm	al Pipe In	sulation	1	6 lf		×					
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Stevens Environn	nental Serv	vices, Inc	<u>.</u>	lauler ID	290. 292	of V	Vaste 4 CU		Fair	less L	andf	ill					
City, State						Disposal Date / City, State									-		
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	7 0113		OJCC	IVIAL	nager 4/11/17							_					