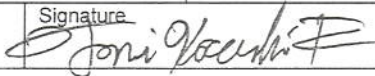
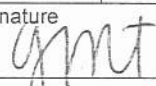


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|---|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/06/2015 | | Name of Building Owner/Operator (2) Wanaque Municipal Township | | | | | | | |
| Agencies Notified | Type Notification | Street Address 579 Ringwood Ave. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Wanaque, NJ, 07465 | | | | | | | |
| | | Name of Contact Toni Jovanoski | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Wanaque Municipal Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 579 Ringwood Ave. | | Square Feet 24,000 | # of Floors 2 | | | | | | |
| City (5) Wanaque, NJ 07465 | | Bldg. Age 90 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Municipal Building | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services | | ASCM No. 00118 | Name of Abatement Contractor (9) GK Contractors LLC | | | | | | |
| Street Address 464 Valley Brook Ave #3A | | Street Address 55 Wanaque Ave Suite 115 | | | | | | | |
| City, State, Zip Code Lyndhurst, NJ 07071 | | City, State, Zip Code Pompton Lakes, NJ 07442 | | | | | | | |
| Project Manager for Monitoring Firm Ralph Coppola | | Telephone No. 201 438-4839 | License No. 01236 | | | | | | |
| Start Date (10) 08/21/2015 | Scheduled Completion Date (11) 08/28/2015 | Name of OSHA Monitor Toni Kocovski | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 55 Wanaque Ave Suite 115 | | | | | | | |
| | | City, State, Zip Code Pompton Lakes, NJ 07442 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Administration Clerk's Office | | x | | VAT/Mastic | 800sf | x | | | x |
| Tax Office | | x | | VAT/Mastic | 800sf | x | | | x |
| Conference Room 2nd flr | | x | | VAT/Mastic | 725sf | x | | | x |
| Assessor's Office 2nd flr | | x | | VAT/Mastic | 275sf | x | | | x |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. A901 #20990 | Cubic Yards of Waste 20 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State 58 Pyles Lane, New Castle, DE 19720 | | | Disposal Date 08/28/2015 | City, State Waynesburg, OH | | | | | |
| Completed by Toni Kocovski | | Title PM | Signature  | | | Date 08/07/2015 | | | |

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

| | | | | | | | | | |
|--|--|---|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">8 / 5 / 15</div> | | Name of Building Owner/Operator (2) Trustees of Princeton / Job #1508-4939 Check #7422 | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. | | | | | | | |
| | | Telephone Number 609-400-1611 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Fine Hall | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address Washington Road | | | | | | | | | |
| City (5) Princeton | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Mercer | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Office | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | | ASCM No. 00098 | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 3 Terri Lane | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Michael R. Keehn | | Telephone No. 609-386-8800 | Telephone No. 609-265-2107 | | | | | | |
| | | License No. 00529 | | | | | | | |
| Start Date (10) 8 / 14 / 15 | Scheduled Completion Date (11) 8 / 28 / 15 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Fine Hall - Office #104 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VAT and Mastic | 45 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 12 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 8/28/15 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | | | Date 8/5/15 | | |

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

Check
9400

| | | | | | | | | | |
|---|--|---|---|--|----------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) 8-10-15 | | Name of Building Owner/Operator (2) Racon Construction Group | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 705 Route 71 | | | | | | | |
| | | City, State, Zip Code Brielle NJ 08730 | | | | | | | |
| | | Name of Contact Bon Kahora | Telephone Number 201-526-1171 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Shore House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 425-B Coolidge Ave | | Square Feet | # of Floors 1 | | | | | | |
| City (5) Ortley Beach NJ 08751 | | Bldg. Age 2005 | | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Shore House | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | | |
| Start Date (10) 8-20-15 | Scheduled Completion Date (11) 9-4-15 | Name of OSHA Monitor EPC Technologies Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 | | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Exterior Walls | | | X | Siding Shingles | 800 SF | X | | | |
| Interior | | X | | 9"X9" Floor Tiles | 60 SF | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 5 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date by 9-4-15 | | City, State Morrisville PA | | | | | |
| Completed by Steve Schenker | | Title President | | Signature Steve Schenker | | Date 8-10-15 | | | |

CK * 2893
RECEIVED


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

| | | | | | | | | | |
|--|--|--|--|--|----------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) <u>8/6/15</u> | | Name of Building Owner/Operator (2) <u>Martinez</u> | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>430 Burd Street</u> City, State, Zip Code <u>Pennington, NJ 08534</u> | | | | | | | |
| | | Name of Contact <u>Jennifer Martinez</u> | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address <u>430 Burd Street</u> | | | | | | | | | |
| City (5) <u>Pennington, NJ</u> | | Square Feet <u>2500</u> | # of Floors <u>2</u> | | | | | | |
| County (6) <u>Mercer</u> | | Bldg. Age <u>85+/-</u> | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | | Telephone No. <u>(609) 298-4070</u> | License No. <u>00493</u> | | | | | | |
| Start Date (10) <u>8/17/15</u> | | Scheduled Completion Date (11) <u>8/21/15</u> | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am to 3:30 pm</u> | | Name of OSHA Monitor <u>MECS</u> | | | | | | | |
| | | Street Address <u>PO Box 341</u> | | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ</u> | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| <u>Basement</u> | | | <u>X</u> | <u>Boiler Insulation</u> | <u>30 sf</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>8/21/15</u> | | City, State <u>Morrisville, PA</u> | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | | Signature <u>[Signature]</u> | | Date <u>8/6/15</u> | | | |

CK #24894

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

RECEIVED

| | | | |
|--|--|--|--|
| Date of Notification (1) <u>8/6/15</u> | | Name of Building Owner/Operator (2) <u>Institute for Advanced Study</u> 2015 AUG 12 AM 7:20 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>Einstein Drive</u> | |
| | | City, State, Zip Code <u>Princeton, NJ 08540</u> | |
| | | Name of Contact <u>Keith Sapp</u> | Telephone Number <u>(609) 298-0000</u> |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Simons Hall</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>Einstein Drive</u> | | | |
| City (5) <u>Princeton, NJ</u> | | Square Feet <u>25000</u> | # of Floors <u>2</u> |
| | | Bldg. Age <u>60+/-</u> | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |
| Start Date (10) <u>8/17/15</u> | Scheduled Completion Date (11) <u>9/30/15</u> | Name of OSHA Monitor <u>MECS</u> | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am to 3:30 pm</u> | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ</u> | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| <u>Basement Steam Tunnel</u> | | <input checked="" type="checkbox"/> | <u>Thermal Pipe Insulation</u> |
| <u>Basement Mechanical Room</u> | <input checked="" type="checkbox"/> | | <u>Thermal Fittings</u> |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>9/30/15</u> | Name of Registered Landfill <u>GROWS Landfill</u> |
| | | City, State <u>Morrisville, PA</u> | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>8/6/15</u> |

CK 006089

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

D&S Proj. #: 2015-277

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/18/10/16/11/15/1 | | Name of Building Owner/Operator (2) maryann tighe | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 39 richelieu place | | City, State, Zip Code Newark, NJ 07104 | |
| Name of Contact maryann tighe | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) maryann tighe | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 39 richelieu place | | | Square Feet | | |
| City (5) Newark | | | County (6) ESSEX | | County Code (7) (State use only) |
| | | | Bldg. Age | | |
| | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) 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 | | Phone Number | | Telephone Number 973-345-8020 | |
| | | | | License Number 01169 | |
| Start Date (10) 08/19/15 | | Sched. Completion Date (11) 08/31/15 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | |
|---|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|---|--------------------------|--|--|
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l | | |
| | Yes | No | N/A | | | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 701 ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BASEMENT crawl space | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 61 ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | | | | | | | |
|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 1 yd. | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 08/20/15 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 08/06/ 2015 | |

CK 006088

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

D&S Proj. #: 2015-278

| | | | |
|---|---|--|--|
| Date of Notification (1) 10/18/10/16/11/15 | | Name of Building Owner/Operator (2) umme hazena | |
| Agencies Notified | Type Notification | Street Address 129 west 3rd street | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code CLIFTON, NJ 07013 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact umme hazena | |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____ | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|-----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) umme hazena | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 129 west 3rd street | | | Square Feet # of Floors Bldg. Age | | |
| City (5) CLIFTON | County (6) passaic | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) 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 | | Phone Number | Telephone Number 973-345-8020 | | License Number 01169 |
| Start Date (10) 08/08/15 | | Sched. Completion Date (11) 08/28/15 | Name of OSHA Monitor D & S Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

| | | | | | | | | | |
|--|--|--|-----|---|---|-------------------------------------|----------------------------|--------------------------|--------------------------|
| Scope of Work (check all that apply) | | | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | | <input checked="" type="checkbox"/> Renovation | | <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Demolition | | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
| | Yes | No | N/A | | | | | | |
| BASEMENT boiler room | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 40 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT bathroom | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 12 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT storage room | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 10 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT rec. room | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 50 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 2 yds. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | | |
| City, State PATERSON, NJ 07503 | | Disposal Date 08/10/15 | | City, State TULLYTOWN, PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 08/06/2015 | | | |

CK 006081

405 12 2015

| | | | |
|---|---|--|--|
| Date of Notification (1) 10/18/15 | | Name of Building Owner/Operator (2) polanskij residence | |
| Agencies Notified | Type Notification | Street Address 79 afterglow avenue | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code VERONA, NJ 07044 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact JOHN demmer | |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____ | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|--|---------------------|---|--|--|--|
| Name of facility where abatement is taking place (3) polanskij residence | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 79 afterglow avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) VERONA | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) 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 | | Phone Number | Telephone Number 973-345-8020 | | |
| Start Date (10) 08/06/15 | | Sched. Completion Date (11) 08/28/15 | License Number 01169 | | |
| Occupancy Status During Abatement (Check only one) | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement. | | | Street Address 20 California Avenue | | |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ | | | City, State, Zip Code Paterson, NJ 07503 | | |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | | |

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| first floor kitchen | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 80-100 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 08/07/15 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 08/05/ 2015 |

D&S Proj. #: 2015-274

AUG 12 2015

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Himes
(signature) 8:00 AM
Date: 8/6/15 Time:

| | | | |
|---|--|--|--|
| Date of Notification (1) 08/10/15 | | Name of Building Owner/Operator (2) polanskij residence | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 79 afterglow avenue | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code VERONA, NJ 07044 | |
| | | Name of Contact JOHN demmer | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|---|-------------------------|
| Name of facility where abatement is taking place (3) polanskij residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 79 afterglow avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) VERONA | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) 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 | | Phone Number | Telephone Number 973-345-8020 | | License Number 01169 |
| Start Date (10) 08/06/15 | | Sched. Completion Date (11) 08/28/15 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥280 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-----|---|---------------------------|--------|--------|-------|------|
| | Yes | No | N/A | | | | | | |
| first floor kitchen | | X | | PIPE INSULATION | 80-100 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 08/07/15 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 08/05/2015 |

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

| | | | | | | | | | |
|---|---|--|---|--|---|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/11/15 | | Name of Building Owner/Operator (2) American Signature Inc. | | AUG 12 2015 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 4300 East 5th Avenue City, State, Zip Code Columbus, OH 43219 Name of Contact Eric Houseknecht | | | | | |
| | | | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Future Hobby Lobby | | | Type of Facility (4) | | | | | | |
| Street Address 429 Route 1 South | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Iselin | | | Square Feet NA | # of Floors 1 | Bldg. Age 40+ | | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Retail | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies | | ASCM No. | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | |
| Street Address 28 N. Pennel Road | | | | Street Address 407 W. Lincoln Highway, Suite 500 | | | | | |
| City, State, Zip Code Media, PA 19063 | | | | City, State, Zip Code Exton, PA 19341 | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. 610-891-0114 | | Telephone No. 484-872-8884 | License No. 01161 | | | | |
| Start Date (10) 8/11/15 | | Scheduled Completion Date (11) 8/12/15 | | Name of OSHA Monitor EMSL | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 200 Route 130 North | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: work in segregated area | | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Debris Pile | | | X | Tile Pieces | 25 SF | X | | | |
| Concrete Pad | | | X | Tile Mastic | 500 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ecoservices, LLC | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 2 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Exton, PA | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Jack Bally | | Title Sr. Project Manager | | Signature <i>Jack Bally</i> | | | Date 8/11/15 | | |