MO22664311661

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 Street Address							-						
Agencies Notified Type Notification			Street A						C.E.	to vitti	16	417	8: 3	44
EPA Initial				ngwood te, Zip Co					A:				21.22	
DEP Amended DOL Amendment #	-			que, NJ,						te ()			, nd	2 L
Emergency (i justification)	ncluding			Contact					l Telepi	hone Nun	nber			
DCA Cancellation			N. S.	ovanosk					1					
Name of Facility Where Abatement is Taking	Place (3))	FACI	LITY INFO	DRMATIC		Туре о	f Facility (4	.)					
Wanaque Municipal Building							S	chool (K-12	2)					
Street Address			11		9			ubchapter (ther (i.e. pr				dinas	home	es
579 Ringwood Ave. City (5)								c.)	# of F			ldg. A		
Wanaque, NJ 07465							24,00		2	10015	665	0 . A	ige	
County (6)			County C					t Use (Prio		demolish	ed)			
Passaic	(0)			JSE ONLY)				cipal Buil						
Name of Monitoring Firm Hired by Building C McCabe Environmental Services	wner (8)		0011					ement Cont ctors LLC)				
Street Address						Street A								
464 Valley Brook Ave #3A								e Ave Su	uite 118	5				
City, State, Zip Code Lyndhurst, NJ 07071						City, Sta Pompt		akes, NJ	07442					
Project Manager for Monitoring Firm Ralph Coppola			Telephor 201 43	ne No. 8-4839		Telepho 973 5				icense N 1236	0.			
	d Con	npletion [Date (11)		Name of		A Monitor ski		100					
Occupancy Status During Abatement (Check	Only On	e)				Street A								
Facility Closed/Vacated During Entire P	eriod of A	baten	ent					e Ave St	uite 115	5				
Abatement Performed Outside of Normal Other – Describe:	al Facility	Hours	<u> </u>		_	City, Sta	222	Code akes, NJ	07442					
Scope of Work (Check All That Apply)			r emperi Lakes					anoo, 110	9					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	le.	Locati	on			1000	IVUII-	Exempled	() and r	NOII-FIIAD	T	Abate		t
Location of	N	lormal	y		Des	scription o	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	d Sole ntenar	nce/		tos Conta	aining Ma systems i	aterial (ount ecify	l z		En	ш
In Facility (13)	Cust	odial S (12)	Staff?	(1.0.	surfac	cing, VAT	, or	011,		r LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other II	iisceiiarie	ous)				val	=	ılate	ure
Administration Clerk's Office		Х			VA	T/Masti	С		800	Osf	x			Х
Tax Office		X			VA	T/Masti	С		800	Osf	x			Х
Conference Room 2nd flr	X			VA	T/Masti	С		72	5sf	х			х	
Assessor's Office 2nd flr	X			VA	T/Masti	С		27	5sf	x			х	
100 100 100 1				aste	Cubic '			Name of R	registere	d Landfill				
Sandra I ranchort				No. 0990	of Was	sie		Minerva	Landfil	II				
City, State 58 Pyles Lane, New Castle, DE 19720					Dispos 08/28	al Date /2015		City, State Waynes		ЭН				
Completed by Title Toni Kocevski PM				Signature Date 08/07/2015										

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

Agencies Notified	d lent #_ ncy (inclin) tion		1	Street Tru City, S Prin	Address stees of State, Zip (nceton, N	Princeton Unive		08-4939 Check	AUS I		17	3
□ EPA □ Initial □ Amended □ Amended □ Amended □ Amended □ Emergen □ justificati □ Cancella □ DCA □ Cancella □ Name of Facility Where Abatement is □ Princeton University-Fine Hall □ Street Address □ Vashington Road □ City (5) □ Princeton □ County (6) □ Mercer □ Name of Monitoring Firm Hired by Builded	d lent #_ ncy (inclin) tion			Tru City, S Prir Name	stees of State, Zip (nceton, N		rsity E.A. Macl	Willan Bldg.	_	5	12	
DOLWD Amended DHSS Amendm □ DCA □ Emergen justificati □ Cancella Name of Facility Where Abatement is Terring and the control of the control	ent #_ ncy (inc ion) tion		1	City, S Prin	State, Zip (rsity E.A. Macl	Willan Bldg.	_	5		
DHSS Amendm □ DCA □ Improve I	ent #_ ncy (inc ion) tion		9	City, S Prin	State, Zip (-			
DCA	ncy (incoion) tion			Pri: Name	nceton, N				2	>	_	
Name of Facility Where Abatement is Princeton University-Fine Hall Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Buil	tion) tion Taking			Name		J 08544		, — ,	200		- 60	
Name of Facility Where Abatement is Princeton University-Fine Hall Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build	tion Taking	Place		Rol	of Contac			Telephone Numb	CONT.	-	*	
Princeton University-Fine Hall Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build	0.77	Place			pert Orte	go, P.E.		003-200-70-		1	-	
Princeton University-Fine Hall Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build	0.77	Place				FORMATION		Elia Elia		-	41-	
Princeton University-Fine Hall Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build	0.77	1 1000	(3)	IA	CILIT III	FORWATION	Type of Facility	(4)	N	-		
Street Address Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build			(0)				School (K-12	51.40				
Washington Road City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Built			15)				Subchapter 8	(Other than K-12)				
City (5) Princeton County (6) Mercer Name of Monitoring Firm Hired by Build							Other (i.e., property)	rivate and commerc	cial bui	ilding	S,	
Princeton County (6) Mercer Name of Monitoring Firm Hired by Build							Square Feet	# of Floors	RIG	lg. Ag	10	
County (6) Mercer Name of Monitoring Firm Hired by Build							Oquale i eet	# 011 10015	DIO	iy. Ay	je	
Mercer Name of Monitoring Firm Hired by Build				Cour	aty Code (7	7)(STATE USE ONLY)	Current Hee /Pri	or if being demolish	204/			
Name of Monitoring Firm Hired by Buil				Cour	ity Code (/)(STATE USE ONLT)	Office	or it being demolist	ieu)			
	dina O	lunor	(9)	ASCM	No	Nome of Abetoms						
Cardno ATC	ung O	wiiei	(0)	0009		Name of Abateme						
Street Address				0003	70		IG.					
3 Terri Lane						Street Address	DO Day 25					
City, State, Zip Code						30 Maple Ave	Herman and the state of the sta					
						City, State, Zip Co						
Burlington, NJ 08016 Project Manager for Monitoring Firm			T-1-		NI-	Lumberton, N	IJ 08048	T. D. Sandara S. Maria				
Michael R. Keehn			20000000	phone 09-386		Telephone No.		License No.				
ENGINEERING TO THE THE TOTAL THE TOT	Cabad.	ula al O			A-2070-1970	609-265-2107		00529				
8 / 14 / 15			B_ /	te (11)	Name of OSHA M							
							Cal					
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Enti ☐ Abatement Performed Outside of N					cribe	200 Route 13						
Time of Abatement:AM						City, State, Zip Co						
						Cinnaminson						
Scope of Work (Check all that apply)						☐ Full Cont	ainment with Neo	ative Pressure				
≥3 sf or ≥3 If			novati			☐ Mini-Enc	osure	egative Pressure				
☐ ≥160 sf or ≥260 lf		∐ De	molitic	on		☐ Glovebag		n-Friable Procedure	2			
	T	Is	Locat	ion		⊠ Noil-Exe	Tipled () and No	I-I Hable Procedure	Т		nt T	
Location of			Vorma			Description o	f			ateme		1
Asbestos-Containing Material (ACN	1)		d Sole intena			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABATED IN Facility				Staff?	(i.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	SVOL	air	apsı	uso
(13)		-00000000	(12)			other miscellane	ous)	SF OI LF)	=		Encapsulate	гe
1		Yes	No	N/A							CD	
Fine Hall - Office #104					VAT an	d Mastic		45 SF	\boxtimes	П	П	
		$\overline{\Box}$	Section 1								_	
		Ш							Ш	Ш	П	Ш
Name of Registered Waste Hauler			N	JDEP V		Cubic Yards of	Name of Regis	tered Landfill				_
AbateTech, Inc.			Н	auler II		Waste	G.R.O.W.S					
City, State				18750)	12 Disposal Date	City, State	and the design of the second o				
Lumberton, NJ						8/28/15	Tullytown,	ΡΔ				
Control of the Contro	Title						Tany town,					
Completed By (Print or Type) Title					note-	Signature	nt	Dat	e / /	-)1	_	
Gwendolyn Trumbetti Operations					TOTAL	1 177 17	1 /1	- V	16	211	0	
ASB-41	OF			- O o i di			101	0	1 -	11		

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

Check # 9400

Date of Notification (1)	10-15	1	Name of	Building Own	er/Operator		10	uction (PA					
Agencies Notified Type Not	tification	- 3	Street A	ddress		<u>ا ای ا</u> اء	<u> </u>	acrio i c		ap	+			
	al ended		City, Sta	ate, Zip Code	D P	1001.	e 1	1						
DOL Ame	endment # ergency (including	_		BRi	elle	1	17	0873	50					
DOH justi	ification)	1	Vame of	f Contact	hor	^		Telephone Num	ber ;	201	17/	'n		
		!_	FACI	LITY INFORM		<u>u</u>		rb :		_				
Name of Facility Where Abatement	01	11	XUS x	2		Type of	38	75.7		<u> </u>		5		
Street Address	1 Shore	- 170				Su		8 (Other than K-12		\sim				
425-B Co	olidge	H	UE	- "	-	etc	.)	private & commercia				es,		
City (5) OR+ley	Beach	l	NJ	087	51	Square	Feet	# of Floors	2 21 2	ldg. A	-			
County (6)	9			Code (7) USE ONLY)				or if being demolish House				15		
Name of Monitoring Firm Hired by	Building Owner (8)	-	ASCN	No.	Name			ntractor (9)						
Street Address	e legic	<u></u>		MIN	Street	Address	160	chaolog	ies	,	In	16		
P.O. Box	337				P.	0. 8	OX	337		87				
City, State, Zip Code	+ 42	7	80	533	City St	tate, Zip	Code Equ	TUN to	0	85	13	3		
Project Manager for Moeit ril gr Firm	n Kee		ne No. 758- 336		one No. 758-	334	License No	7	19	4				
Start Date (10)	Schedule			Date (11)		of OSHA	Monitor				+			
Occupancy Status During Abateme	ent (Check Only On	- <u>4</u>	- []	2	Street Address EPC Technologies Inc									
Facility Closed/Vacated During			ent		_		Box	337						
☐ Abatement Performed Outside ☐ Other – Describe:						tate, Zip		UT	0		_			
Scope of Work (Check All That App	oly)				1 100		TAY	NU C	0-	<u>د</u> د	2	\dashv		
≥3 sf or ≥3 lf		enovat						ent with Negative Pr	ressur	re				
≥160 sf or ≥260 lf		emoliti	оп			Glove	ndosure bag Pro	cedure	. D.					
	le	Locatio	nn			Non-E	xempte	d (*) and Non-Friabl		Abate	ment			
Location of	1	lormally d Solely	у	10.	Description		8			Ту	pe			
Asbestos-Containing Material (/ TO BE ABATED	ACM) Mai	intenan	œ/		Containing M mal systems			Amount (Specify	Re	_{ZD}	Enci	Enc		
In Facility (13)	Cusi	odial S (12)	idiir	0.00	urfacing, VA er miscellan			SF or LF)	Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						=		ate	.e		
Exterior Wall	ls		*	Sidin	9 Shi	nake	S	800 SF	λ					
Interior	911×91	Floor	Tile	25	60 SF									
No. 10 interview No. 10 inches		l NI	JDEP W	lasta Ci	ibic Yards		Name of	Registered Landfill			-			
Name of Registered Waste Hauler		10 0000	auler ID	No. of	Waste 5	_		e Manager		4	- D	Ai A		
EPC Technolo	J		170		sposal Date	(City, Stat	e _		0 (- 1	A		
New Egypt	NJ	1		by	19-4-	15 1	Morn		A					
Steve Schenker	PRE	Signature School 8-10-15							_					

CK * 21893

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

			10	Ζ () /	
 <u></u>	 . 64	1		b.		

Date of Notification (1) 8/6/15					Name of Building Owner/Operator (2) Martinez Martinez								
				_			Martinez	:	< HI	1 /	2		
Agencies Notified	Type Notific			Stree	et Address		430 Burd St	reet Silviv	ito	N I	₹#1		
DEP DOL	Amende Amendr		<u> </u>	City,	State, Zip (nnington, NJ	08534	11-1	ťŪ			
☑ DOH	justificat	tion)	ig	Nam	e of Contac	at		Telephone Nur	mber				
	Caricella	ILION				mifer Martin	ez					_	
N1				FA	CILITY INF	ORMATION							
Name of Facility Where A		Taking Plac Resident:					Type of Facility						
Street Address		(CODICION)					School (K-1	8 (Other than K-	12)				
	43	0 Burd S	treet				Other (i.e., phomes, etc.)	private & commer	cial bui	ldings	5,		
City (5)	D		277				Square Feet	# of Floors	E	ildg. /	.000		
County (6)	Pe	nnington	, NJ	I Cou	inty Code (7) /07/17	2500	2	_ _	85	5+/-		
	ercer				E ONLY;	I) (STATE	Current Use (P	rior if being demo	lished)				
Name of Monitoring Firm (8)		ding Owner		ASCN	No.		ment Contractor (9						
Street Address	MECS						vens Environ	mental Service	ces, I	nc.		-	
Street Address	PO Box	341				Street Address		30x 322					
City, State, Zip Code	10 000					City, State, Zip		30X 32Z				_	
	sswicks,	NJ 0851	5				Allentown, NJ 08501						
	Project Manager for Monitoring Firm T Bill Weisgarber (Telephone No.	50.0600	License Ne-		_			
Start Date (10)	_	_	98-4070 ate (11)	Name of OSHA	59-9688 Manitar		0049	3		_			
8/17/15			3/21/		10 (11)	Name of OSI IA		ECS					
Occupancy Status During						Street Address						_	
☐ Facility Closed/Vacated ☐ Abatement Performed	d During Enti Outside of N	re Period of	Abate	ment		01 01 7		341				_	
Other - Describe: 7	am to 3:3	0 pm	ty i lou	City, State, Zip Code Crosswicks, NJ									
Scope of Work (Check all	that apply)					2 5.11 0.						_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-En ☐ Gloveb	ntainment with Ne closure ag Procedure empted (*) and No		ıre				
	(a)		Locatio							Abate	ment		
Location of		Used	Sole	y by		Description o				Тур	e .		
Asbestos-Containing Ma TO BE ABATE		C	ntenan ustodia			os Containing Ma thermal systems		Amount (Specify	71		En	т	
IN Facility (13)		1	Staff? (12)			surfacing, VAT other miscellane	, or	SF or LF)	Remova	Repair	caps	Enclosure	
*		Yes	No	N/A		outer misocharie	ous,		val	#	Encapsulate	sure	
Basemen		×		Boiler Insula	ition	30 sf	×						
									1			\neg	
		_											
Name of Decision 4147	T la d			IDEE						-11			
				JDEP V auler ID		Cubic Yards of Waste 2 CU	Name of Regis	tered Landfill GROWS Lar	dfill				
City, State				102		Disposal Date	City, State		32-3 IV			-	
Allentown, NJ						8/21/15 Signatural	401//	Morrisville,	PA			_	
Completed By Mahlon E. Stevens Project				Man	ager	Signature		Date	8/6/	15			

CK #24894

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

RECAINED

Date of Notification (1) 8/6/15			Nam	ne of Buildin	ng Owner/Operato	or (2) ute for Advan	15.AUG.42	AM 7	: 2	0	
Agencies Notified	Type Notific	ation	-	Stre	et Address			CAL 70 / CAL 70 / CAL		U-V-PSTLEN	27	
EPA DEB	Initial						Einstein Dri	ve [0103]		R	L.	
DEP DOL	Amender Amendm	nent #	00	City,	State, Zip		rinceton, NJ (表		Æ		
M DOH □ DCA	justificat	tion)	ij	Nam	e of Conta	ct	iniooton, 1 to t	Telephone Nu	mher			
					011177111	Keith Sapp		(6	,	ÜÜ	· ·	
Name of Facility When	a Abstement is	Takina Dlac	2 (2)	F.A	ACILITY IN	FORMATION	T = (= 10)					
Traine of Facility When		imons H					Type of Facility					
Street Address		illions 1.	lan				School (K-1	2) 8 (Other than K-	12)			
	Ei	nstein D	rive				Other (i.e., phomes, etc.	rivate & commer	cial bui	lding	S,	
City (5)		•					Square Feet	# of Floors	E	Bldg.	Age	
0 1 (0)	P1	rinceton,	NJ				25000	2	_ _)+/-	8
County (6)	Mercer			USI	inty Code (E ONLY)	7) (STATE	Current Use (P	rior if being demo	lished)			
Name of Monitoring Fire	m Hired by Build	ding Owner	\equiv_{I}	ASCN	1 No.	Name of Abate	ment Contractor (9)				=
(8)	MECS					Ste	vens Environ	nental Servi	ces, I	nc.		
Street Address	PO Box	3/1				Street Address		222				
City, State, Zip Code	10 00	. 341				City Ctata 7ia		322 Sox 322				
	crosswicks,]	NJ 0851	5			City, State, Zip		n, NJ 08501				
Project Manager for M				ephone	No.	Telephone No.	7 HICHIOW.	License No.			_	_
55	500000		98-4070		59-9688		0049	3				
Start Date (10)						Name of OSHA			0047	<u> </u>		_
8/17/15	"		9/30/			1144110 01 001 21		ECS				
Occupancy Status Dur	ing Abatement (10		Street Address						_
☐ Facility Closed/Vac	ated During Enti	re Period of	Abate	ment			PO B	ox 341				
Abatement Perform	ed Outside of No	ormal Facili	ty Hou	rs	5.5, 5.6.6, E.P 5565							_
Other - Describe:		0 pm			Crosswicks, NJ							
Scope of Work (Check	all that apply)					[73] -						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			☐ Mini-En ☐ Gloveb	ntainment with Neg iclosure ag Procedure cempted (*) and No		ure			
		100	Locati							Abate	ment	
Location	of		omally Solel			Description o	f.			Ту	oe	
Asbestos-Containing		Mai	ntenar	ice/		os Containing Ma	terial (ACM)	Amount			Е	
TO BE ABA			ustodia Staff?	31	(i.e.,	thermal systems surfacing, VAT		(Specify SF or LF)	Re	Z	Encapsulate	Enc
(13)	•		(12)			other miscellane	ous)	31 01 11)	Removal	Repair	psu	Enclosure
		Yes	No	N/A					<u>a</u>		late	re
Basement Ste		_		×	The	ermal Pipe In	sulation	30 lf	×			
Basement Mechanical Room 🗶						Thermal Fitt	ings	10	×			
Name of Registered Wasta Havies												
Li-				NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste								
Stevens Environmental Services, Inc.				182	292	2 CU		GROWS Las	ndfill			
City, State						Disposal Date	City, State	1				_
Allentown, NJ						9/30/15	10/	Morrisville,	PA			
Completed By Mahlon E. Stevens Project				Man	ager	Signature	1/	Date	8/6/	/15		
SR-41				-1/1/			0, 0,	10		_		

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		111	Name of E	Building Owr	ner/Operator (2	2)				AUG		215		
0 8 / 0 6			maryan	n tighe										
	Type Notificati Initial	ion S	Street Ado	iress										
□ DEP □	Amended			eliew place										
IXI DOI I-	Amendment #:	[City, State	, Zip Code										
_ L	I Emergency (including			k, NJ 071	04			20000000						
□ DOH □	justification)	N	lame of C	ontact					Telephor	ne Numbe	r			
DCA C	Cancellation		marya	nn tighe					'					
				FAC	ILITY INFORM	IOITAN	N							
Name of facility when	re abatement is	s taking pla	ace (3)						Type of Facility					
maryann tighe									=	ol (K - 12)		han k	10)	
Street Address	39							- 1	A CONTRACT OF THE PARTY OF THE	apter 8 (C (Private/C			-12)	
39 richeliew plac									Bldgs.	Homes, e	etc.			
City (5)		Cour	nty (6)			I Co.	unty Code (7)	=	Square Feet	# of Floo	rs	В	dg. A	ge
0.13 (0)		1	ity (0)			10001202	ate use only)		Current Use (P	rior if heir	n den		ed)	
Newark			SEX				.,		Odirent Ose (i	nor ii beli	ig uen	1011311	eu)	
Name of Monitoring I	Firm Hired by E	Bldg. Owne	er (8)		ASCM No.		Name of Abater	nent C	contractor (9)					
01							D & S REST	ORA	TION, INC.					
Street Address							Street Address							
City, State, Zip Code						_	20 Californi City, State, Zip C		2.					
							Paterson, N		03					
Project Manager for M	Monitoring Firm		F	Phone Numb	er	_	Telephone Numi		03	License	Numb	er		
							973-345-8	020		0	1169			
Start Date (10)		Sched	. Comple	tion Date (1	1)	-	Name of OSHA							
08/19/15		08/31	/15				D & S Resto	oratio	n, Inc.					
Occupancy Status Dur	ring Abatemen					_	20 California	0 4 210	muo					
Facility closed/value	acated during	entire perio	od of aba	tement.			City, State, Zip C		nue					
Abatement perfo	ormed outside	of normal t	facility ho	urs-			, , , , , , , , , , , , ,							
Other-Describe:	NORMAL H	OURS				_	Paterson, N	J 075	03					
Scope of Work (chec	k all that apply)						F	ull Containment w	/negative	press	ure		
>3 sf or >3 lf	\boxtimes	Renovatio	n				3		ini-enclosure					
≥160 sf or ≥260	If	Demolition	l						lovebag procedu on-Exempted (*)		friable	proc	edure	
Location of		Is location by mainte		used solely	1						R	R	E	E
asbestos-contai material (acm) to		staff(12)	nance/cu	Stodiai	Description material		sbestos-containin	ng	Amount (Specify S	E or	m	e p	n c	n
abated in facility	/ (13)	Yes	No	N/A	materiar	(ACIVI)			LF)	. 01	0 V	a i	a p	L
BASEMENT					PIPE INSU	T A T	ION		70.1.6		e	r	P	
BASEMENT craw	l space				PIPE INSU				70 1 ft 6 1 ft		N	井	片	ዙ
	1								10111				=	片
											H	+	片	H
											Ħ	H	Ħ	一
egistered Waste Hau D & S RESTORAT			P Hauler		ubic Yards of \	Waste	3						_	
ity, State	TON, INC.	135	00	Disposal D	yd.		CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	VN, R	ESOURCE RE	COVER	Y			Marian Maria
PATERSON, NJ	07503			08/20/1:			City, State TULLYTOV	VN F	PA					
completed by (Print or	Type)	Title		.1	Signature		1 - 0001101	1, 1	**	Date				
BOGDAN JOLDZIC PRESIDENT										08/06/	2015			
100 /1	*	DO NOT USE	a this form	n for ashesto	s licensure ex	emnte	d activities							

CK 006088

D&S Proj. #: 2015-278

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

Date of Notification (1)	11	7 (30)	ner/Operator (2)		<u> </u>	UG 12) 00	E		
Agencies Notified Type Notification	on Street A	ddress				- F 1	0.01 1.2	- 40	J		
☐ EPA ☐ Initial		V 100 TO 100 TO									
DEP Amended Amendment #:		vest 3rd stree ate, Zip Code	<u> </u>						_		
DOL Emergency		TON, NJ 07	7013								
DOH (including		Contact	013			I Telephor	ne Numbe	r	CENTY N	100	
DCA justification)						1	io i i ambe				
Cancellation	II umii	ne hazena	NI ITV INICODA	IATION					_		
Name of facility where abatement is	taking place (2)	FAC	ILITY INFORM	IATION	· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				
Name of facility where abatement is	taking place (3)						(4) ol (K - 12)				
umme hazena						Subch	apter 8 (0	Other t	han k	(-12)	
Street Address							(Private/C		ercial		
129 west 3rd street						Square Feet	/Homes, e		В	ldg. A	ae
City (5)	County (6)			Cou	inty Code (7)				890	J	Ü
GT TOTAL :				(Sta	te use only)	Current Use (P	rior if beir	ng den	nolish	ed)	
CLIFTON Name of Monitoring Firm Hired by B	passaic		ACOM No	L.,	Nome of Abstomant	Contractor (0)					
rame of Montoning Film Filled by B	lug. Owner (6)		ASCM No.		Name of Abatement						
Street Address			ec.	-	D & S RESTOR Street Address	ATION, INC.					
2.0007.1007.000					20 California A	Ve					
City, State, Zip Code				_	City, State, Zip Code	11111111111					
					Paterson, NJ 07	7503					
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number	A	License	Numl	per		
					973-345-8020			1169			
Start Date (10)	Sched. Comp	oletion Date (1	1)		Name of OSHA Mon						
08/08/15	08/28/15				D & S Restorat: Street Address	ion, inc.					
Occupancy Status During Abatement	(Check only one	e)			20 California Av	venue					
Facility closed/vacated during e					City, State, Zip Code					_	
Abatement performed outside of Describe:	1/58	nours-									
Other-Describe: NORMAL HO				_	Paterson, NJ 07						
Scope of Work (check all that apply) 3 sf or >3 If					Continued in conti	Full Containment w	/negative	press	ure		
	Renovation					Mini-enclosure Glovebag procedu	re				
	Demolition			-		Non-Exempted (*)				edure	
asbestos-containing	Is location norma by maintenance/		1		T. 11	Amount		R e	R	E	E
material (acm) to be	staff(12)		material (sbestos-containing	(Specify S	F or	m	p a	C	n
abated in facility (13)	Yes No	N/A				LF)		V	i	a p	L
BASEMENT boiler room	X		PIPE INSU	LATI	ON	40 L FT		e	Г		\vdash
BASEMENT bathroom	PIPE INSU			12 L FT				Ī	古		
BASEMENT storage room	X		PIPE INSU	LATI	ON	10 LFT		X			
BASEMENT rec. room			PIPE INSU	LATI	ON	50 l ft		X			
Pagistared Wests Hand											
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		Subic Yards of V 2 yds.	/Vaste	Name of Registered TULLYTOWN,		COVE	Υ			
City, State		Disposal D			City, State	ALGOUNCE M	COYER	. 1	-	-	MANAGEMENT.
PATERSON, NJ 07503		08/10/1	5		TULLYTOWN	, PA					
	Title		Signature				Date				
	PRESIDENT On not use this for	orm for ashesto	os licensure ex	empter	1 activities		08/06	/2015			

CK 08/08/1

D&S Proj. #: 2015-274

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

					E 665			
Date of Notification (1)	Name of Buildin	g Owner/Operator (2)	Aula	UV			
Agencies Notified Type Notificat	polanskij res	idence						
PA Initial	Street Address							
DEP Amended	79 afterglov	v avenue						
Amendment #:	: City, State, Zip 0	Code						
DOL Emergency	VERONA,	NJ 07044						
DOH (including	Name of Contact			Telephon	e Number			
DCA justification)								
Cancellation	n JOHN delli	1101		'				
		FACILITY INFORI	MATION					
Name of facility where abatement	is taking place (3)			Type of Facility (
polanskij residence				=	I (K - 12)			
Street Address					apter 8 (Other t		-12)	
			22		Private/Comme Homes, etc.	erciai		
79 afterglow avenue					# of Floors	Blo	dg. A	ge
City (5)	County (6)		County Code (7)					
VEDONA	Pagent		(State use only)	Current Use (Pr	rior if being dem	nolishe	ed)	
VERONA Name of Monitoring Firm Hired by	ESSEX	1 400441	. I Name of Abotema	1 (0 - 1 - 1 - 1 (0)				
reame of wormoring Firm Filled by	blug. Owner (6)	ASCM No.	Name of Abatemen	80.50				
Street Address			D & S RESTOR	RATION, INC.				
Street Address			Street Address					
City, State, Zip Code			20 California A					
Oity, State, Zip Code			City, State, Zip Code					
Project Manager for Monitoring Firm	Dhana	Niverban	Paterson, NJ 0 Telephone Number	7503	Tities Nicol			
1 Toject Manager for Monitoring Film	Phone	Number	973-345-8020)	License Numb	per		
			Name of OSHA Mo		01107			
Start Date (10)	Sched. Completion D	ate (11)	D & S Restorat					
08/06/15	08/28/15		Street Address					
Occupancy Status During Abatemer	nt (Check only one)		20 California A	venue				
Facility closed/vacated during		t.	City, State, Zip Code	e				
Abatement performed outside Describe:								
Other-Describe: NORMAL H	IOURS		Paterson, NJ 0	7503				
Scope of Work (check all that apply	y)			Full Containment w	/negative press	ure		
	Renovation			Mini-enclosure				
≥160 sf or ≥260 lf	Demolition		×	Glovebag procedur Non-Exempted (*)		proof	dura	
Location of	Is location normally used			1 (10)1-Exempled ()	R	R	E	1
asbestos-containing	by maintenance/custodia staff(12)	l Descript	ion of asbestos-containing	Amount	_ e m	e	n	E n
material (acm) to be abated in facility (13)		material		(Specify S LF)	For 0	p a	c	С
assiss in identify (18)	Yes No	N/A		L1 /	v e	i	р	L
first floor kitchen	X	PIPE INST	JLATION	80-100 1 ft	×			
			ROUND AND AND AND AND AND AND AND AND AND A					
		i						
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of					_	
D & S RESTORATION, INC.	13506	1 yd.		, RESOURCE RE	COVERY			manus produ
City, State PATERSON, NJ 07503		osal Date /07/15	City, State	T D.4				
Completed by (Print or Type)		Signature	TULLYTOWN	I, PA	I Data		-	
BOGDAN JOLDZIC	Title PRESIDENT			Date 08/05/ 2015				
ASR-41 *	Do not use this form for a	kempted activities.		1 00/03/ 2013			-	

D&S Proj. #: 2015-274	G 1 2 2015	Noti (Pur	fication of As	best	os Abatement. 30 and 12:120)				- 4			
		7	- 400116 14 14474	Ÿ 0.0	o and 12.120)		A	PPROVE	D		7	
D							N&Dept_of H			Servio	es	
Date of Notification (1) [0 8 / 0 5 / 1 5	Name	or Building O	vner/Operator (2	2)	,		Samuel C	1 DOWN		/		
Agencies Notified Type Notific		enskij resider	ÇB				8/6/1	(signature)	8	:00	Am	
☐ EPA ☐ Initial	Street	Address					Date:		no:			the state of the s
☐ DEP ☐ Amended	The second	afterglow av	- Address - Addr				¥					
DOL Amendment		State, Zip Code						OF THE PERSON NAMED IN			-	1.00
Emergenc	Comment of the location of the	RONA, NJ	07044 .							9		
justification	i) Name	of Contact					Telepho	no Numbe	35			
DCA Cancellation	on <u>JO</u>	HN demmer										
No.			CILITY INFORM	MATIO	N			410				
Name of facility where abatement	is taking place (3)			***************************************	11	Type of Facility	(4)			-	
polanskij residence	8		•				School	ol (K - 12)				
Street Address			W. P			41		apter 8 (C			(-12)	
AND THE CONTRACT OF THE CONTRA							Olher Bidas.	(Private/C /Homes, e	omm	ercial		
79 afterglow avenue						╧	Square Feet	THE REAL PROPERTY.		B	idg. A	\ge
City (5)	County (6)	540		unty Code (7)	TI L						
VERONA	ESSEX	,		(50	ate use only)		Current Use (P	rior If bein	g den	nolísh	eq)	
Name of Monitoring Firm Hired by	Bldg. Öwner (8)		ASCM No.	'-	Name of Abatem	ient Co	ntractor (9)		- proces		-	man a, college
				1	D&SREST							
Stroet Address	The state of the s				Street Address	10000	1					- (2)
					20 California	Ave.	70					
City, State, Zip Code		10.00	11.		City, State, Zlp Co	ode				W 1911		and the same
Project Manager for Monitoring Fire					Paterson, N.		3					
Lighed Manager for Monitoring Fill	n	Phone Num	ber		Telephone Numb		The many	License				
Chart D. Jan (40)					973-345-80 Name of OSHA I	-]0	1169	-		
Start Date (10)	Sched, Con	rpletion Date (1)		D & S Resto							
08/06/15	08/28/15	d at 122	9		Street Address	ACHOIL	, III.	****			1000	
Occupancy Status During Abateme	nt (Check only or	ne)	0.1 -111791		20 California	Aven	u _o					
Facility closed/vacated during Abatement performed outside	of normal facility	abatement.			City, State, Zip Ca	ALLIANDA		-				
Describe:		, Hodie-						500				
Other-Describe: NORMAL I					Paterson, NJ	0750	3					
Scope of Work (check all that appl							Containment w	/negative	press	eiu		
							ii-enclosure vebag procedur					
≥160 sf or ≥260 lf	Demolition	105 1 1000				Noi Noi	vebag procedur n-Exempted (*)	re and Non-i	riable	proc	edura	
Location of . asbestos-containing	Is location norm by maintenance	rally used sole		10					H	R	E	T
material (acm) to be	staff(12)	,	Description material (in of a	sbestos-containing		Amount (Specify \$	-	m	e p	п	E n
abated in facility (13)	Yes N	D N/A	(शस्यावादा (ACIVI)			LF)	r or	O V	a .	А	a L
first floor kitchen			Torre may	T A PENY	~~~				ę	r	р	_
THE THOU KRONEN			PIPE INSU	LATI	ON		80-1001 ft		X			
			-		The same of the same of the same of	CATA			Ш	Ш	<u> </u>	
					- Marineton					ᆜ		Щ
			-	-					닏	븨	ᆜ	닏
Registered Waste Hauler	NJDEP Ha	ujeriD# 10	Ubic Yards of V	Vasta	Name of Registe	red I as			Ш		Ц	
D & S RESTORATION, INC.	13506	100% D.C. 140.04040	1 yd,	- 41-14	TULLYTOW			COVER	Y			
City, State		Disposal [City, State	1000				-		Containment .
PATERSON, NJ 07503	-	08/07/1			TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	1 20 Year old 1 20 Year of 1 2 Year	Signature					Date				
- TODDE	TUDIDENI		1					08/05/	2015			

CX 425"1

PrintForm

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

Date of Notification (1)		Name of Building Owner/Operator (2) American Signature Inc. AUG 1 2 2015											
Agencies Notified Type Notificat	ion		Street A	Address	h Avenu		Marie Control of the						
DEP Amende Amendm	ent#		City, Sta	ate, Zip (
DOH justificati			Name o	f Contac ousekr	at .	2001		Telepho	ne Nu	mber			
-			FACI	LITY IN	FORMATI	ON							
Name of Facility Where Abatement is Ta Future Hobby Lobby	king Place (3	3)					Type of Facility	/ (4)			9.301		
Street Address 429 Route 1 South								-12) er 8 (Other th private & cor			Idinas	hom	nes.
City (5) Iselin							etc.) Square Feet NA	# of Floo		E	3ldg. <i>A</i>		
County (6) Middlesex		(-	County (Code (7) USE ONL	n		Current Use (P Retail	- N	emolisi	1970			
Name of Monitoring Firm Hired by Buildin Accredited Environmental Techr	ng Owner (8)		ASCN	No.		Name o	of Abatement Control	ontractor (9)					
Street Address 28 N. Pennel Road	3					Street A		abwoy Sui	to FO	Ω	-		
City, State, Zip Code Media, PA 19063						City, St	ate, Zip Code	griway, Sui	16 20	0			
Project Manager for Monitoring Firm Eric Houseknecht			elephor	ne No.		Telepho		1000000	ense N	lo.			
Start Date (10) 8/11/15	Scheduled		oletion [Name o	72-8884 f OSHA Monito		161				
Occupancy Status During Abatement (Ch	eck Only One	e)				Street A							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: work in segregate	e Period of At	hateme	ent			200 R	oute 130 No	rth					
	d area						ate, Zip Code minson, NJ	08077					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovatio emolitio				×	Full Containn Mini-Enclosu Glovebag Pro	re ocedure					
-	le l	ocation					Non-Exempte	a (*) and Nor	n-Friad	T Pro	Abate		t
Location of	No	ocation ormally			Dos	arintian a				L		ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	Solely itenanci dial Sta (12)	e/	Asbes (i.e.	tos Conta thermal s surfaci	cription o ining Ma systems i ing, VAT, iscellane	terial (ACM) nsulation, or	Amour (Specit SF or L	ý	Removal	Repair	Encapsulate	Enclosure
Dobaio Dii	Yes	No	N/A				NO.					e	
Debris Pile			X		-	Pieces		25 SF		X			
Concrete Pad			X		Tile	Mastic		50015	F	X			
										_			
Name of Registered Waste Hauler		LAUD	EP Was	- 1									
ecoservices, LLC	E* =	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ler ID N		Cubic Y of Waste 2			Registered L S Landfill	andfill				
City, State Exton, PA		Disposal Date			I Date	City, Stat	e rille, PA						
Completed by Jack Bally	Title Sr. Proj	ject Manager Signature											
ASB-41 (R-06-08)					1	Do not i	ise this form for	asbestos lic				activit	ties.