**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

<table>
<thead>
<tr>
<th>Agency Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>✔ DEP</td>
<td>Amended</td>
</tr>
<tr>
<td>✔ DOL</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>✔ DOH</td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>579 Ringwood Ave.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanaque, NJ, 07465</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni Jovaneski</td>
<td></td>
</tr>
</tbody>
</table>

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Wanaque Municipal Building

<table>
<thead>
<tr>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>24,000</td>
<td>2</td>
<td>90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Building</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCabe Environmental Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>00118</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GK Contractors LLC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>464 Valley Brook Ave #3A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyndhurst, NJ, 07071</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>201 438-4839</td>
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</table>

<table>
<thead>
<tr>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01236</td>
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<table>
<thead>
<tr>
<th>Name of OSHA Monitor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni Kocevski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ralph Coppola</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/21/2015</td>
<td>08/28/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other – Describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Scope of Work (Check All That Apply)

- [x] ≥3,000 sf or ≥6,000 sf
- [x] ≥150 sf or ≥260 sf
- [ ] Renovation
- [ ] Demolition
- [x] Full Containment with Negative Pressure
- [ ] Glovebox Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>x</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAT/Mastic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>800sf</td>
</tr>
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<table>
<thead>
<tr>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>Repair</td>
</tr>
<tr>
<td>Encapsulate</td>
</tr>
<tr>
<td>Endorse</td>
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</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility (13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. A901 #20990</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>58 Pyles Lane, New Castle, DE 19720</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/28/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waynesburg, OH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni Kocevski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toni Kocevski</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/07/2015</td>
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</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8 / 5 / 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Trustees of Princeton / Job #1508-4939 Check #7422</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>EPA</td>
</tr>
<tr>
<td></td>
<td>DOLWD</td>
</tr>
<tr>
<td></td>
<td>DHSS (NJAC 5:23-8)</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
<tr>
<td>Street Address</td>
<td>Trustees of Princeton University E.A. MacMillan Bldg.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08544</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Robert Ortega, P.E.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Princeton University-Fine Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Washington Road</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton</td>
</tr>
<tr>
<td>County (6)</td>
<td>Mercer</td>
</tr>
<tr>
<td>County Code (7)</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Cardno ATC</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>00098</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>AbateTech, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>3 Terri Lane</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Burlington, NJ 08016</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Michael R. Keehn</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>609-386-8800</td>
</tr>
<tr>
<td>Street Address</td>
<td>30 Maple Ave. PO Box 25</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lumberton, NJ 08048</td>
</tr>
<tr>
<td>License No.</td>
<td>00529</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>EMSL Analytical</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td></td>
<td>Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM AM-PM</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8 / 14 / 15</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 28 / 15</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td></td>
</tr>
</tbody>
</table>

## Scope of Work (Check all that apply)

- ≥3 sf or ≥3 ft
- ≥150 sf or ≥260 ft

- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (?) and Non-Nailable Procedure

### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>VAT and Mastic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine Hall - Office #104</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler

<table>
<thead>
<tr>
<th>AbateTech, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUDEP Waste Hauler ID No. 18750</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

### Completed By (Print or Type)

<table>
<thead>
<tr>
<th>Gwendolyn Trumbetti</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

### Date

| 8/5/15 |

*Do not use this form for asbestos licensure exempted activities.*
**NOTIFICATION OF ASPEROS ABATEMENT**
(Pursuant to NJAC 8:80 and 12:120)

**Date of Notification (1):** 8-10-15

**Name of Building Owner/Operator (2):** Bacon Construction Group

**Street Address:** 705 Route 71

**City, State, Zip Code:** Brielle, NJ 08730

**Name of Contact:** Bon Kahora

**Telephone Number:** 732-1171A

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3):** Single Family Shore House

**Street Address:** 425-B Coolidge Ave

**City (5):** Ortley Beach, NJ 08751

**County (6):** Ocean

**Type of Facility (4):**
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (e.g., private & commercial buildings, homes, etc.)

**Square Feet:** 300 sf

**# of Floors:** 1

**Bldg. Age:** 60 yrs

**Name of Abatement Contractor (9):** EPC Technologies Inc

**Street Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Telephone No.:** 609 758-3365

**License No.:** 08394

**Project Manager for Monitoring Firm:** Steve Schenk

**Start Date (10):** 8-30-15

**Scheduled Completion Date (11):** 9-4-15

**Name of OSHA Monitor:** EPC Technologies Inc

**Street Address:** P.O. Box 337

**City, State, Zip Code:** New Egypt, NJ 08533

**Scope of Work (Check All That Apply):**
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Walls</td>
<td>Yes</td>
<td>Siding, Shingles</td>
<td>800 SF</td>
</tr>
<tr>
<td>Interior</td>
<td>No</td>
<td>914 sq Floor Tiles</td>
<td>60 SF</td>
</tr>
</tbody>
</table>

**Location of Registered Waste Handler:**

<table>
<thead>
<tr>
<th>Name of Registered Waste Handler</th>
<th>NJDEP Waste Handler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPC Technologies</td>
<td>17000</td>
<td>5</td>
<td>Waste Management of PA</td>
</tr>
</tbody>
</table>

**Disposal Date:** 9-1-15

**City, State:** Muncieville, PA

**Completed by:**

**Title:** President

**Signature:**

**Date:** 8-10-15

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8/6/15
Name of Building Owner/Operator (2) Martinez 2015 AUG 12 AM 7:21

Agencies Notified Type Notification
X EPA Initial
X DEP Amended
X DOL Amendment #
X DOH Emergency (including justification)
X DCA Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential
Street Address 430 Burd Street
City (9) Pennington, NJ

County (6) Mercer
City, State, Zip Code Pennington, NJ 08534

Square Feet 2500 # of Floors 2

Facility Information (Prior to being demolished)

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm (8) MECS
Name of Abatement Contractor (9) Stevens Environmental Services, Inc.

ASCM No.

Project Manager for Monitoring Firm Bill Weisgarber
Telephone No. (609) 298-4070

Start Date (10) 8/17/15
Scheduled Completion Date (11) 8/21/15

Occupancy Status During Abatement (Check only one)
X Facility Closed/Vacated During Entire Period of Abatement
X Abatement Performed Outside of Normal Facility Hours

Scope of Work (Check all that apply)
X ≥ 3 sf or ≥ 3 if
X ≥ 160 sf or ≥ 260 sf
X Renovation
X Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility

Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)
Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Abatement Type
Full Containment with Negative Pressure
Minimal Enclosure
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure

Amount (Specify SF or LF)

Name of Registered Waste Hauler Stevens Environmental Services, Inc.
NJDEP Waste Hauler ID No. 18292
Cubic Yards of Waste 2 CU

Name of Registered Landfill GROWS Landfill
City, State Allentown, NJ
Disposal Date 8/21/15
City, State Morrisville, PA

Completed By Mahlon E. Stevens Title Project Manager
Signature Date 8/6/15

* Do not use this form for asbestos liscensure exempted activities.
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/6/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Institute for Advanced Study</td>
</tr>
<tr>
<td>Street Address</td>
<td>Einstein Drive</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Princeton, NJ 08540</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Keith Sapp</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>609-258-2000</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Simons Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Einstein Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Princeton, NJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County (6):</th>
<th>Mercer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>MECS</td>
</tr>
<tr>
<td>Name of Abatement Contractor (9)</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>(609) 259-9688</td>
</tr>
<tr>
<td>License No.</td>
<td>00493</td>
</tr>
<tr>
<td>Name of OSHA Monitor</td>
<td>MECS</td>
</tr>
<tr>
<td>Street Address</td>
<td>PO Box 341</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Crosswicks, NJ</td>
</tr>
</tbody>
</table>

**Occupancy Status During Abatement (Check only one):**
- [X] Full Containment with Negative Pressure
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 7am to 3:30 pm

**Scope of Work (Check all that apply):**
- [X] Renovation
- [X] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**
- [X] Basement Steam Tunnel
- [X] Basement Mechanical Room

**Description of Asbestos-Containing Material (ACM):**
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>30 LF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City-State</td>
<td>Allentown, NJ</td>
</tr>
</tbody>
</table>

**Completed By:**
- Mahlon E. Stevens  
  Project Manager  
  Signature:  
  Date: 8/6/15

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
10/8/10 11/15  
Name of Building Owner/Operator (2)  
maryann tiege  
Type Notification  
Initial  
Amended  
Emergency (including justification)  
Amendment #:  

Agencies Notified  
EPA  
DEP  
DOL  
DOH  
DCA  

Street Address  
39 richelieu place  
City, State, Zip Code  
Newark, NJ 07104  
Name of Contact  
maryann tiege  
Telephone Number

Name of facility where abatement is taking place (3)  
maryann tiege  
Street Address  
39 richelieu place  
City (5)  
County (6)  
County Code (7)  
ESSEX  
(State use only)  

Type of Facility (4)  
School (K-12)  
Subchapter 8 (Other than K-12)  
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age  
Current Use (Prior if being demolished)

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.  
Street Address  
20 California Ave.  
City, State, Zip Code  
Paterson, NJ 07503  
Telephone Number  
973-345-8020  
License Number  
01169  
Name of OSHA Monitor  
D & S Restoration, Inc.  
Street Address  
20 California Avenue  
City, State, Zip Code  
Paterson, NJ 07503

Facility Status During Abatement (Check only one)  
Facility closed/vacated during entire period of abatement.  
Abatement performed outside of normal facility hours-  
Describe:  
Other-Describe: NORMAL HOURS

Start Date (10)  
08/19/15  
Scheduled Completion Date (11)  
08/31/15

Scope of Work (check all that apply)  
>3 sf or >3 lf  
Renovation  
≥160 sf or ≥260 lf  
Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)  
is location normally used solely by maintenance/custodial staff(12)  
Yes  
No  
N/A

Description of asbestos-containing material (ACM)  
PIPE INSULATION  
Amount (Specify SF or LF)  
701 ft

Location (14)  
BASEMENT  
BASEMENT crawl space  
Registered Waste Hauler  
D & S RESTORATION, INC.  
NUDEP 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
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
12/18/15

Name of Building Owner/Operator (2)
mmme hazena
AUG 1 2 2015

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☐ Initial
☐ Amended
☒ Emergency
(inc. justification)
Amendment #: [progress]

Street Address
129 west 3rd street

City, State, Zip Code
CLIFTON, NJ 07013

Name of Contact
mmme hazena

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
mmme hazena

County (6)

County Code (7)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial
Bldgs./Homes, etc.

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
mmme hazena

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
08/08/15

Sched. Completion Date (11)
08/28/15

Occupy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS

Other-Describe:

Scope of Work (check all that apply)
☒ 2 or more sf or ≥2 sf
☒ Renovation
☒ ≥160 sf or ≥260 sf
☒ 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)

Yes ☒ No ☒ N/A ☒

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal ☒ Repair ☒ Encapsulation ☒

Enclos.

BASEMENT boiler room
X
PIPE INSULATION
40 LF

BASEMENT bathroom
X
PIPE INSULATION
12 LF

BASEMENT storage room
X
PIPE INSULATION
10 LF

BASEMENT rec. room
X
PIPE INSULATION
501 ft

Registered Waste Hauler
D & S RESTORATION, INC.

NJ/DEP Hauler ID# 13506

Cubic Yards of Waste
2 yrs.

Name of Registered Landfill
TULLY TOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
08/10/15

City, State
TULLY TOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT

Signature
Date
08/06/2015

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/18/15

Name of Building Owner/Operator (2)
polanski residence

Agencies Notified
☑ EPA
☑ DOL
☑ DOH
☐ DCA

Type Notification
Initial
Amended
Emergency (including justification)
Cancellation

Street Address
79 afterglow avenue

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)
polanski residence

Street Address
79 afterglow avenue

City (5) VERONA
County (6) ESSEX

County Code (7) (State use only)

Square Foot # of Floors Bldg. Age

Current Use (Prior if being demolished)

Type of Facility (4)
☑ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
☑ ≥2 sf or ≥2 ft
☐ ≥180 sf or ≥280 ft
☐ Demolition

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
80-1001 ft

Location of asbestos-containing material (acm) to be abated in facility (13)

first floor kitchen

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# L3506

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

Date
08/05/2015

Title
PRESIDENT

Completed by (Print or Type)
BOGDAN JOLDZIC

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/18/15 12/18/15

Agent(s) Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial
- Amended
- Amendment #:
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
POLANSKI RESIDENCE

Street Address
79 AFTERSHOCK AVENUE

City, State, Zip Code
VERONA, NJ 07044

Name of Contact
JOHN DEMER

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
POLANSKI RESIDENCE

Street Address
79 AFTERSHOCK AVENUE

City (5)
VERONA

County (6)
ESSEX

County Code (7)
(State use only)

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 CALIFORNIA AVE.

City, State, Zip Code
PATerson, NJ 07503

Telephone Number
973-345-8000

License Number
01110

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 CALIFORNIA AVE.

City, State, Zip Code
PATerson, NJ 07503

Start Date (10) 08/06/15

End Date, Completion Date (11) 08/28/15

Occupancy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement
- Abatement performed outside of normal facility hours
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- ≤200 sf or ≤3 ft
- ≥200 sf or ≥3 ft
- Demolition
- Renovation

Location of asbestos-containing material (acm) to be abated in facility (13)
- first floor kitchen

Description of asbestos-containing material (ACM)
PIPE INSULATION

Amount (Specify SF or LF)
80-100 LF

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

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

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.  

Agency Notified  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  

Type Notification  
- Initial  
- Amended  
- Emergency (including justification)  
- Cancellation  

Street Address  
4300 East 5th Avenue  
Columbus, OH 43219  

City, State, Zip Code  

Name of Contact  
Eric Houseknecht  

Telephone Number  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  
Future Hobby Lobby  

Street Address  
429 Route 1 South  
Iselin  
Middlesex  

County Code (7) (STATE USE ONLY)  

Square Feet  
NA  

# of Floors  
1  

Bldg. Age  
40+  

Current Use (Prior if being demolished)  
Retail  

Name of Monitoring Firm Hired by Building Owner (6)  
Accredited Environmental Technologies  

ASCM No.  

Name of Abatement Contractor (9)  
eeservices, LLC  

Street Address  
28 N. Pennel Road  
Media, PA 19063  

City, State, Zip Code  

Project Manager for Monitoring Firm  
Eric Houseknecht  

Telephone No.  
610-891-0114  

Name of GSHA Monitor  
EMSL  

Street Address  
407 W. Lincoln Highway, Suite 500  
Exton, PA 19341  

City, State, Zip Code  

Start Date (10)  
8/11/15  

Scheduled Completion Date (11)  
8/12/15  

Occupancy Status During Abatement (Check Only One)  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Facility Hours  
- Other - Describe: work in segregated area  

Scope of Work (Check All That Apply)  
- ≥3 sf or ≥3 if  
- ≥160 sf or ≥260 if  
- Renovation  

Demolition  

- Full Containment with 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)  

Yes  
No  
N/A  

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  

Amount (Specify SF or LF)  

Abatement Type  

Removal  

Repair  

Encapsulate  

Enclosure  

Debris Pile  

Concrete Pad  

Tile Pieces  

Tile Mastic  

25 SF  

500 SF  

Name of Registered Waste Hauler  
eeservices, LLC  

NJDEP Waste Hauler ID No.  

Cubic Yards of Waste  

Name of Registered Landfill  
GROWS Landfill  

Disposal Date  
TBD  

City, State  
Exton, PA  
Morrisville, PA  

Completed by  
Jack Bally  
Sr. Project Manager  

Signature  
Dated  
8/11/15  

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