B & G proj. #: 2013-152C

Date of Notification: 10/16/11

Name of Building Owner/Operator: College Avenue Redevelopment Associates LLC

Street Address: 120 Albany Street

City, State, Zip Code: New Brunswick, NJ 08901

Name of Contact: David Christiansen

FACILITY INFORMATION

Type of Facility: Other (Private/Commercial Bldgs./Homes, etc.)

Vacant Building: Yes

Street Address: 3 Seminary Avenue

City (5): New Brunswick, NJ 08901

County (6): Middlesex

County Code (7): (State use only)

Current Use (Prior if being demolished): Residential Housing

Name of Monitoring Firm Hired by Bldg. Owner: The Louis Berger Group, Inc.

ASCM No.:

Name of Abatement Contractor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

License Number: 00378

Name of OSHA Monitor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work:

Demolition: Yes

Renovation: No

> 3,000 sf or > 3,000 sf: Yes

> 160 sq ft or > 200 sq ft: No

Location of asbestos-containing material to be abated in facility:

behind walls 1st & 2nd floors: No

Pipe insulation w/mudded joints: 200 sq ft

Location normally used solely by maintenance/custodial staff:

Yes: No

N/A: No

Description of asbestos-containing material (ACM):

Pipe insulation w/mudded joints

Amount (Specify SF or LF): 200 sq ft

Registered Waste Hauler:

B & G Restoration, Inc.

NjDEP Hauler ID#: 19563

Cubic Yards of Waste: 5 yards

Disposal Date: 08/26/13 - 09/07/13

Name of Registered Landfill: Tullytown Resource & Recovery Center

City, State: Tullytown, PA

Completed by (Print or Type):

Gordana Luna

Title: Secretary/Treasurer

Signature: Gordana Luna

Date: 08/16/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
Check # 6063

B & G proj. #: 2013-152A

Date of Notification (1) 10/18/16

Name of Building Owner/Operator (2) College Avenue Redevelopment Associates LLC

Agencies Notified  
☐ EPA  
☐ DEP  
☑ DOL  
☐ DOH  
☐ DCA

Type Notification  
☐ Initial  
☐ Amendment  
☐ On hold  
☐ Cancellation

Street Address  
120 Albany Street

City, State, Zip Code  
New Brunswick, NJ 08901

Name of Contact  
David Christiansen

Telephone Number

Name of facility where abatement is taking place (3)

Vacant Building

Street Address  
564 George Street

City (6) County (6)  
New Brunswick, NJ 08901 Middlesex

County Code (7) (State use only)

Name of Monitoring Firm Hired by Bdg. Owner (8)  
The Louis Berger Group, Inc.

ASCM No.

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Square Feet

Current Use (Prior if being demolished)  
Residential housing

# of Floors  
Bldg. Age

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-

Describe:

Other-Describe:

Scheduled Start Date (10) 08/26/2013

Scheduled Completion Date (11) 09/07/2013

Scope of Work (check all that apply)

☒ Demolition  
☐ Renovation  
☐ >3 sf or >3 ft  
☒ >160 sf or >260 ft

Location of asbestos-containing material 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  
Non-Friable procedure  
Glovebag procedure  
Full Containment w/negative pressure

Basment under concrete slab

Basment under concrete slab on Terra Cotta

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Cubic Yards of Waste  
40 yards

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Tullytown, PA

Disposal Date  
09/07/13

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
08/16/2013
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-152B

Date of Notification (1) 10/18/11 11/16/11 11/13

Name of Building Owner/Operator (2)
College Avenue Redevelopment Associates LLC

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amendment
- On hold
- Cancellation

Street Address
120 Albany Street
City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
David Christiansen

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Vacant Building

Street Address
1 Seminary Avenue

City (5)
New Brunswick, NJ 08901
County (6)
Middlesex
County Code (7)

Name of Monitoring Firm Hired by Bldg. Owner (8)
The Louis Berger Group, Inc.

ASCM No.

Type of Facility (4)

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

Square Feet

# of Floors

Bidg. Age

Current Use (Prior if being demolished)
Residential housing

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road
City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Telephone Number
(973)696-8869
License Number
00378

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours-
  Describe:
- Other-

Scopes of Work (check all that apply)

- Demolition
- Renovation
- Full Containment w/negative pressure
- Asbestos bags procedure
- Mini-enclosure
- Non-Friable procedure

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

- Yes
- No
- N/A

Description of asbestos-containing material (ACM)

pipe insul., assoc w/mud joints
20 lf

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

Registered Waste Hauler
B & G Restoration, Inc.

NDEP Hauler ID# 19563
Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center
City, State
Lincoln Park, NJ

Disposal Date
08/29/13 - 09/07/13

Completed by (Print or Type)
Gordana Luna
Title
Secretary/Treasurer
Signature

Date
08/16/2013
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

**State of New Jersey**

**Date of Notification (1)**
08/12/2013

**Name of Building Owner/Operator (2)**
Brandywine Senior Living LLC

**Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [ ] Amendment (including justification)
- [ ] Cancellation

**Street Address**
523 Fellowship Road, Suite 360

**City, State, Zip Code**
Mount Laurel, NJ 08054

**Name of Contact**
Steve Heaney

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
Former Haddonfield Senior Living Center

**Street Address**
132 Warwick Road

**City**
Haddonfield

**County**
Camden

**County Code (7) (STATE USE ONLY)**

**Square Feet**
25000

**# of Floors**
2

**Bidg. Age**
60+

**Vacant Building**

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

**Name of Monitoring Firm Hired by Building Owner**
Saban Engineering Group

**ASCM No.**
N/A

**Name of Abatement Contractor (8)**
Valiant Associates, LLC

**Street Address**
145 Mill Street

**City, State, Zip Code**
Paternoster, NJ 07501

**Telephone No.**
973-553-5374

**License No.**
01108

**Name of OSHA Monitor**
Valiant Associates, LLC

**Street Address**
145 Mill Street

**City, State, Zip Code**
Paternoster, NJ 07501

**Start Date (10)**
08/26/2013

**Scheduled Completion Date (11)**
10/15/2013

**Occupancy Status During Abatement (Check only one)**
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: [ ]

**Scope of Work (Check all that apply)**
- [X] >3 sf or >3 ft
- [X] >160 sf or >260 ft
- [ ] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Govebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

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

**Is Location Normally Used Solely by Maintenance/Custodial staff?**
- 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
- [ ] Extract

**Location of Registered Waste Hauler**
NJDEP Waste Hauler ID No. 17634

**Weige Trucking Company**

**Cubic Yards of Waste**

**Name of Registered Landfill**
Minerva Landfill

**City, State**
Waynesburg, OH 44688

**Disposal Date**
10/15/2013

**Name of Registered Landfill**

**Completed By**
Miodrag Stamenovic

**Title**
Project Manager

**Signature**

**Date**
08/12/2013

---

*Do not use this form for asbestos licensure exempted activities.*
List of Asbestos Containing Materials to be Removed from the Following Location:

Note: Is location normally used by maintenance/custodial: N/A

Haddonfield Senior Living Center
132 Warwick Road
Haddonfield, NJ

<table>
<thead>
<tr>
<th>Location of ACM to abated in facility</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>North Crawl Space</td>
<td>Pipe Insulation</td>
<td>650 LF</td>
</tr>
<tr>
<td>South Crawl Space</td>
<td>Pipe Insulation</td>
<td>800 LF</td>
</tr>
<tr>
<td>Attic</td>
<td>Pipe Insulation</td>
<td>475 LF</td>
</tr>
<tr>
<td>Above Ceiling and Chases</td>
<td>Pipe Insulation</td>
<td>500 LF</td>
</tr>
<tr>
<td>1st and 2nd floors</td>
<td>Floor tiles</td>
<td>3,675 SF</td>
</tr>
<tr>
<td>Basement Area</td>
<td>Floor tiles</td>
<td>550 SF</td>
</tr>
</tbody>
</table>
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator:** Wall Township BOE

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>1620 18th Street</td>
<td>Wall, NJ 07719</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended Amendment</td>
<td></td>
<td></td>
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<tr>
<td>X DOL</td>
<td>Emergency (including justification)</td>
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<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Cancellation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name of Facility Where Abatement is Taking Place:** Wall Township High School

Street Address: 1630 18th Street

**Name of Monitoring Firm Hired by Building Owner:** Omega Environmental

**ASCM No.:** 00120

**Name of Abatement Contractor:** VMC Company, Inc.

**Street Address:** 208 Piaget Ave.

**City, State, Zip Code:** Clifton, NJ 07011

**Project Manager for Monitoring Firm:** Oelser Fajardo

**Telephone No.:** 973-253-8828

**Scheduled Completion Date:** 09/29/2013

**Start Date:** 08/26/2013

**License No.:** 00704

**Occupancy Status During Abatement:** Occupied

**Scope of Work:**
- Renovation
- Demolition

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

| Boiler Room | Water Tank Insulation | 240 SF |

**Name of Registered Waste Hauler:** Freehold Cartage, Inc.

**Disposal Date:** 08/29/13

**Name of Registered Landfill:** GROWS Landfill

**Name of Contact:** Paul Guarnieri

**Telephone Number:** 973-253-8828

**Telephone:**

**Endorsements:**
- Full Containment with Negative Pressure
- Glovebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

**Completed by:** Voytek Roszkowski

**Title:** President

**Signature:**

**Date:** 08/15/2013

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/14/2013</td>
<td>TOMS RIVER</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILVER BAY ELEM. SCHOOL</td>
<td>School (K-12)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 SILVER BAY RD.</td>
<td>TOMS RIVER, NJ 08753</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VMC COMPANY, INC</td>
<td>833-540-1175, 253-8288</td>
<td>D0704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (5)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>VMC COMPANY, INC</td>
<td>833-540-1175, 253-8288</td>
<td>D0704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXFORD ENGINEERING</td>
<td>973-573-0112</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWARK CARTING INC</td>
<td>05400</td>
<td>GROUDS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOYCE POSTLE</td>
<td>PRESIDENT</td>
<td>N. POSTLE</td>
<td>08/14/13</td>
</tr>
</tbody>
</table>

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*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/14/2013

Name of Building Owner/Operator (2)
Madison Area YMCA

EPA
DEP
DOL
DOH
DCA

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

Street Address
111 Kings Road

City, State, Zip Code
Madison, NJ 07940

Name of Contact
Robert H. Conley

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Madison YMCA

Street Address
111 Kings Road

City (5)
Madison

County (6)
Morris

County Code (7) (STATE USE ONLY)

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

Square Feet
# of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
236 Watchung Ave

City, State, Zip Code
West Orange, NJ 07052

Telephone No.
973-243-9872

License No.
01171

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other – Describe:

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
In Facility (13)

Location
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

Locator room-basement area
pipe insulation-glove bag
8lf

Locator room-basement area
pipe insulation-wrap & cut
20lf

Name of Registered Waste Hauler
Kielczewski Corporation

Cubic Yards of Waste

Name of Registered Landfill
Conestoga Landfill

City, State
West Orange, NJ

Disposal Date

Completed by
Sławomir Kielczewski
Title
President

Signature

Date
08/14/2013

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/15/2013

Name of Building Owner/Operator (2) Mandelbaum & Krupnick LLC

Agencies Notified

- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA
Type Notification

- [x] Initial
- [ ] Amended
- [ ] Amendment # _
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
80 Main Street #510
City, State, Zip Code
West Orange, NJ 07052
Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former A&P Supermarket Space

Street Address
598 Central Avenue
City (5)
New Providence
County (6)
Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Sky Environmental Services Inc.

ASCM No.

Name of Abatement Contractor (9)
Kielczewski Corporation

Street Address
235 Watchung Ave
City, State, Zip Code
West Orange, NJ 07052

Project Manager for Monitoring Firm
Leonid Shereshevsky

Telephone No.
973-588-4821

License No.
01171

Start Date (10) 08/26/2013
Scheduled Completion Date (11) 09/06/2013

Occupancy Status During Abatement (Check Only One)

- [x] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 

Scope of Work (Check All That Apply)

- [x] Renovation
- [x] Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ground level-main room</td>
<td>[x]</td>
<td>floor tile &amp; mastic</td>
<td>13500sf</td>
<td>x</td>
</tr>
<tr>
<td>mezzanine</td>
<td>[x]</td>
<td>pipe insulation</td>
<td>250lf</td>
<td>x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Kielczewski Corporation

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Conestoga Landfill

City, State
West Orange NJ 07052

Disposal Date

Completed by Slawomir Kielczewski
Title President

Signature Kielczewski
Date 08/15/2013

* 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 / 15 / 13

Name of Building Owner/Operator (2)  Monmouth County Purchasing  1305-4647  Check #5429

Agencies Notified
- [ ] EPA
- [ ] DOLWD
- [ ] DHSS
- [ ] DCA (NJAC 5:23-8)

Type Notification
- [ ] Initial
- [ ] Amended

Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

Street Address
Hall of Records Annex, 1 East Main Street 3rd Floor

City, State, Zip Code
Freehold, NJ 07728

Name of Contact
Jon Moren

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bridge S-17

Street Address
3 Rector Place

City (5)
Red Bank

County (6)
Monmouth

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Connection

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm
Ryan Broadwater

Telephone No.
609-392-4200

License No.
00529

Start Date (10)  8 / 26 / 13

Scheduled Completion Date (11)  8 / 28 / 13

Name of OSHA Monitor
EMSL Analytical

Street Address
108 Haddon Ave.

City, State, Zip Code
Westmont, NJ 08108

Scope of Work (Check all that apply)
- [ ] ≥ 3 sf or ≥ 3 ft
- [ ] ≥ 160 sf or ≥ 260 ft
- [X] Demolition
- [ ] Renovation
- [ ] 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)
- [X] 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)
450 SF
15 SF

Abatement Type
Removal
Encapsulate
Endorse

Exterior
Built Up Roofing

Basement
Duct Insulation

Name of Registered Waste Hauler
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Disposal Date
8/28/13

City, State
Lumberton, NJ
Tullytown, PA

Completed By (Print or Type)
Gwendolyn Trumbetti

Title
Operations Coordinator

Signature

Date 8/15/13

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/16/13</th>
</tr>
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</table>

Agencies Notified

- [x] EPA
- [ ] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

Type Notification

- [x] Initial
- [ ] Amended
- [ ] Emergency
- [ ] Cancellation

Name of Building Owner / Operator (2)

Kennedy Health Facilities

Street Address

2 Regulus Drive

City, State & Zip Code

Turnersville, NJ 08012

Name of Contact

George Lodish

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Kennedy Memorial Hospital

Street Address

18 East Laurel Rd.

City (5) | County (6) | County Code (7)
---------|------------|-----------------|
Stratford | Camden     |                 

Name of Monitoring Firm Hired by Building Owner (8)

Criterion Laboratories, Inc.

Street Address

3370 Progress Drive

City, State & Zip Code

Bensalem, PA 19020

Name of Abatement Contractor (9)

AbateTech, Inc.

Street Address

PO Box 25

City, State & Zip Code

Lumberton, NJ 08048

Project Manager for Monitoring Firm

Michael Panepresso

Telephone Number

215-244-1300

Scheduled Start Date (10) | Scheduled Completion Date (11)
--------------------------|--------------------------
8/26/13                   | 8/30/13

Occupancy Status During Abatement (Check only one)

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [x] Abatement Performed Outside of Normal Hours – Describe: 6 PM – 2AM
- [ ] Facility Occupied During Abatement

Scope of Work (Check all that apply)

- [x] ≥3 sf or ≥30 If
- [ ] ≥160 sf ≥260 If
- [x] Renovation
- [x] Demolition

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

Is Location Normally Used Solely by Maintenance or Custodial Staff?

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

Full Containment with Negative Pressure

Mini-Enclosure

Glove Bag Procedures

Non-Exempted and Non-Friable Procedure

Same Day Surgery Hallway/Restrooms

- [x] Asbestos Fireproofing

150 SF

Name of Registered Waste Hauler

AbateTech, Inc.

NJDEP Waste Hauler ID No.

18750

Cubic Yards of Waste

4

Name of Registered Landfill

TRRF Landfill

City, State

Lumberton, NJ

Disposal Date

8/30/13

City, State

Tullytown, PA

Completed By (Print or Type)

Gwen Trumbetti

Title

Opps. Coord.

Signature

Date

8/16/13
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/15/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>Robert Wood Johnson Hospital</td>
</tr>
<tr>
<td>Street Address</td>
<td>One Robert Wood Johnson Place</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>New Brunswick, NJ 08901</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Jim Magnatta</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Robert Wood Johnson Hospital |
| Street Address | One Robert Wood Johnson Place |
| City (5) | New Brunswick |
| County (6) | Middlesex |
| County Code (7) | |
| Type of Facility (4) | |
| Square Feet | |
| # of Floors | |
| Bidg. Age | |
| Current Use (Prior if being demolished) | Hospital |
| Name of Monitoring Firm Hired by Building Owner (8) | Omega Environmental |
| Street Address | 280 Huyler Street |
| City, State & Zip Code | South Hackensack, NJ 07606 |
| Project Manager for Monitoring Firm | Geisser Fajardo |
| Telephone Number | 201-489-8700 |
| Scheduled Start Date (10) | 8/9/13 |
| Scheduled Completion Date (11) | 8/18/13 |
| Occupancy Status During Abatement (Check only one) | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Hours | |
| Describe: | Working Fri 11PM, Sat & possibly Sunday |
| Scope of Work (Check all that apply) | |
| ≥3 sf or ≥3 ft² | renovation |
| ≥1600 sf or ≥260 sf | demolition |
| Full Containment with Negative Pressure Mini-Enclosure | |
| Glove Bag Procedures | |
| 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 or Custodial Staff? (12) | Yes |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | |
| Amount (Specify SF or LF) | 900 SF |
| Abatement Type | |
| Name of Registered Waste Hauler | AbateTech, Inc. |
| City, State | Lumberton, NJ |
| NJDEP Waste Hauler ID No. | 18750 |
| Cubic Yards of Waste | 12 |
| Name of Registered Landfill | TRRF Landfill |
| Disposal Date | 8/18/13 |
| City, State | Tullytown, PA |
| Completed By (Print or Type) | Gwen Elsmore |
| Title | Office Coord. |
| Signature | Date | 8/15/13 |
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>1/0/15</td>
<td>St. Mary's of the Lake</td>
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<table>
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<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
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<tbody>
<tr>
<td>□ EPA</td>
<td>□ Initial</td>
<td>43 Madison Avenue</td>
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<tr>
<td>□ DEP</td>
<td>□ Amended</td>
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<tr>
<td>□ DOL</td>
<td>□ Emergency (including justification)</td>
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<tr>
<td>□ DOH</td>
<td>□ Cancellation</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>County (6)</th>
<th>County Code (7) (State use only)</th>
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<tbody>
<tr>
<td>Lakewood</td>
<td>MONMOUTH</td>
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**FACILITY INFORMATION**

<table>
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<tr>
<th>Name of facility where abatement is taking place (3)</th>
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<tbody>
<tr>
<td>Joseph Cahill</td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
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</thead>
<tbody>
<tr>
<td>43 Madison Avenue</td>
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</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
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<tr>
<td>Lakewood, NJ</td>
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<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Bldg. Owner (8)</th>
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<tbody>
<tr>
<td>ASCM No.</td>
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<table>
<thead>
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<th>Name of Abatement Contractor (9)</th>
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<tr>
<td>D &amp; S RESTORATION, INC.</td>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tr>
<td>20 California Ave.</td>
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<table>
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<th>City, State, Zip Code</th>
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<tbody>
<tr>
<td>Paterson, NJ 07503</td>
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<table>
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<tr>
<th>Name of OSHA Monitor</th>
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<tbody>
<tr>
<td>D &amp; S Restoration, Inc.</td>
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<table>
<thead>
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<th>Street Address</th>
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<tbody>
<tr>
<td>20 California Avenue</td>
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<th>City, State, Zip Code</th>
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<tr>
<td>Paterson, NJ 07503</td>
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<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
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<tbody>
<tr>
<td>Facility closed/vacated during entire period of abatement.</td>
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<tr>
<td>Abatement performed outside of normal facility hours.</td>
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<td>Other-Describe: N/A</td>
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<table>
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<th>Sched. Completion Date (11)</th>
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<td>08/29/13</td>
<td>09/12/13</td>
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<tr>
<th>Scope of Work (check all that apply)</th>
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<tbody>
<tr>
<td>□ &gt;2 sf or &gt;3 lf</td>
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<tr>
<td>□ &gt;160 sf or &gt;260 sf</td>
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<tr>
<td>□ Renovation</td>
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<td>□ Demolition</td>
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<table>
<thead>
<tr>
<th>Location of asbestos-containing material (ACM) to be abated in facility (13)</th>
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<tbody>
<tr>
<td>GARAGE</td>
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<tr>
<th>Registered Waste Hauler</th>
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<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
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<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
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<tbody>
<tr>
<td>13506</td>
<td>10 YDS</td>
<td>FULLYTOWN, RESOURCE RECOVERY</td>
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<table>
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<th>Disposal Date</th>
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<tbody>
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<td>08/30/13</td>
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</table>

<table>
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<tr>
<th>Completed by (Print or Type)</th>
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<tbody>
<tr>
<td>BOGDAN JOLDZIC</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
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</table>

Date 08/14/13

*This set is for asbestos licensure exempted activities.*
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 7:26-2.12)

### Date of Notification (1)
8/12/2013

### 10 DAY NOTIFICATION WAIVED BY DOL

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<td>(X) EPA</td>
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<td>(X) DOL</td>
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<tr>
<td>(X) DOH</td>
</tr>
<tr>
<td>( ) DCA</td>
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</tbody>
</table>

### Notification Type
- ( ) Initial Notification
- (X) Amended Notification No. 1
- ( ) Cancelled

### Name of Building Owner/Operator (2)
City of Atlantic City

### Street Address
1301 Bacharach Blvd

### City, State, Zip Code
Atlantic City, NJ 08401

### Name of Contact
Wally Shields (Atlantic City Dept. of Bldgs)

### Phone

### FACILITY INFORMATION

#### Name of Facility Where Abatement is Taking Place (3)
Apartment Building

#### Street Address
3827 Boardwalk

#### City (5)
Atlantic City

#### County (6)
Atlantic

#### County Code (7) (State Use Only)

#### City State, Zip Code
Hammonton, NJ 08037

#### Type of Facility (4)
- ( ) School (K-12)
- (X) Subchapter 8 (other than K-12)
- (X) Other (i.e. private & commercial bldgs., homes, etc.)

#### Sq. Feet: 80,000 SF

#### No. of Floors: 5

#### Bldg. Age: 80 yrs

#### Current Use (prior if being demolished)
Vacant (Prior use: Apartments)

### Name of Monitoring Firm Hired by Bldg. Owner (8)
Health & Safety Services

### ASCM No.
00117

### Name of Contractor (9)
Superior Abatement, Inc.

### Street Address
2 Henderson Drive, Ste A

### City State, Zip Code
West Caldwell, NJ 07006

### Telephone Number
(609) 704-8850

### License Number
00411

### Project Manager for Monitoring Firm
Jim Proctor

### Telephone Number
(973) 808-1616

### Name of OSHA Monitor
Superior Abatement, Inc.

### Street Address
2 Henderson Drive, Ste. A

### City State, Zip Code
West Caldwell, NJ 07006

### Occupancy Status During Abatement (Check only one)
- ( ) Facility Closed/Vacated During Entire Period of Abatement
- (X) Abatement Performed Outside of Normal Facility Hours – Not Described:

   **Unsafe Vacant Building – Entire Structure is being disposed as asbestos containing Material.**

### Source of Work (Check all that apply)
- (X) Demolition
- ( ) Renovation
- ( ) Large Proj. (>160 SF or >260 LF ACM)
- SM Proj. (>25<160 SF or >10 <260 LF ACM)
- ( ) Minor Proj. (<25 SF or <10 LF ACM)
- ( ) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glovebag Procedure
- ( ) Non-fitable Procedure for Asbestos Roof Removal

### Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Material</th>
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<tbody>
<tr>
<td>Basement</td>
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<tr>
<td>X</td>
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<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Kitchens/Bathrooms</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Kitchen</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Roof</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Roof Access Stairway</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
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<tr>
<td>Attic</td>
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<tr>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>

### Is Location Normally Used Solely by Maint/Custodial Staff? (12) |
| NA | YES | NO |

### Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)
- Debris: 10,800 CF
- Pipe Insulation: 500 LF
- Roof Insulation: 500 LF
- Siding: 600 SF
- Roof Flashing: 400 LF
- Roofing: 6,500 SF
- Flooring: 2,900 SF
- Walls: 128 EA
- Pipe Fittings: 500 LF

### Amount (Specify SF or LF)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>X</td>
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</tbody>
</table>

### Name of Reg. Waste Hauler
R&D Debris, LLC

### NJDEP Waste Hauler ID #
NJDEP 28439

### Cubic Yards of Waste
7500

### Name of Reg. Landfill
Atlantic County Utilities Authority

### City, State
Hainesport, NJ

### Disp. Date
TBD

### Name
Nick Petrovski

### Title
President

### Signature

### Date
08/12/2013

**Amendment No. 1:** Change to Completion Date from 8/16/2013 to 8/30/2013.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:25-2.12)

Date of Notification (1):
8/12/2013

10 DAY NOTIFICATION WAIVED BY DOL

Name of Building Owner/Operator (2):
City of Atlantic City

Notification Type:
( ) Initial Notification
( ) Amended Notification # 1
( ) Cancelled

Name of Facility Where Abatement is Taking Place (3):
Apartment Building

Street Address:
3825 Boardwalk

City (5):
Atlantic City

County (6):
Atlantic

County Code (7):
(State Use Only)

Type of Facility (4):
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet: 80,000 SF

No. of Floors: 5

Bldg. Age: 80 yrs

Current Use (prior if being demolished): Vacant (Prior use: Apartments)

Name of Monitoring Firm Hired by Bldg. Owner (6):
ASCM No. 00117

Name of Contractor (9):
Superior Abatement, Inc.

Street Address:
2 Henderson Drive, Ste A

City State, Zip Code:
West Caldwell, NJ 07006

Telephone Number:
(973) 808-1616

License Number:
00411

Name of OSHA Monitor:
Superior Abatement, Inc.

Street Address:
2 Henderson Drive, Ste. A

City State, Zip Code:
West Caldwell, NJ 07006

Scheduled Start Date (10):
7/19/2013

Scheduled Completion Date (11):
8/30/2013

Occupancy Status During Abatement (Check only one):
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours – Other – Describe: Unsafe Vacant Building – Entire Structure is being disposed as asbestos containing Material.

Source of Work (Check all that apply):
( ) Demolition
( ) Renovation
( ) Large Proj. (>180 SF or >260 LF ACM)
( ) SM Proj. (>25<180 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure
( ) Non-friable Procedure for Asbestos Roof Removal

Location of Asbestos-Containing Material (ACM) in Facility (13):

Is Location Normally Used Solely by Maint./Custodial Staff? (12):
YES NO

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Basement
Debris 11,500 CF
Pipe Insulation 500 LF
Pipe Fittings 128 EA
Sheetrock Wall Compound 5,000 SF
Flooring 2,900 SF
Plaster Base Coat 80,000 SF
Roof 430 LF
Siding 600 SF
Texture Paint 2,000 SF
Loop Insulation 500 LF

Amount (Specify SF or LF)
X X X X

Name of Reg. Waste Hauler (R&D Debris, LLC):
NJDEP Waste Hauler ID #
NJDEP 29439

Cubic Yards of Waste:
7500

Name of Reg. Landfill:
Atlantic County Utilities Authority

City State:
Egg Harbor Twp., NJ

Disp. Date:
Daily

Completed by (Print or Type):
Nick Petrovski
Title:
President

Signature:
Date:
08/12/2013

Amendment No: 1: Change to Completion Date from 8/16/2013 to 8/30/13.
Date of Notification (1): 08/14/2013

Name of Building Owner/Operator (2): Gabrellian Associates

Agenices Notified:
- EPA
- DEP
- DOH
- DCA

Type Notification:
- Initial
- Amended

Street Address:
95 N State Route 17 Suite 100
Paramus, NJ 07652

Name of Contact:
Ciel Adair

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3):
CVS Pharmacy

Route 17 & Franklin Tpke

City (5):
Ramsey

County (6):
Bergen County

County Code (7) (STATE USE ONLY): 4000 SF

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

Square Feet: 4000 SF

# of Floors: 1

Building Age: 70+

Current Use (Prior if being demolished):
CVS Pharmacy

Name of Monitoring Firm Hired by Building Owner (8):
N/A

ASCM No.:

Name of Abatement Contractor (9):
Valiant Associates, LLC

Street Address:
145 Mill Street

City, State, Zip Code:
Paterson, NJ 07501

Telephone No.:
973-553-5374

License No.:
01108

Name of OSHA Monitor:
Valiant Associates, LLC

Street Address:
145 Mill Street

City, State, Zip Code:
Paterson, NJ 07501

Start Date (10):
08/24/2013

Scheduled Completion Date (11):
08/25/2013

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

Scope of Work (Check all that apply):
- 3,000 sf or >3 if
- 2,500 sf or 2,500 if
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Govebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

Yes No N/A

Type of Abatement:
- Removal
- Repair
- Encapsulate
- Enclosure

Amount (Specify SF or LF):
128 SF

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

12" x 12" Floor tiles / Associated Mastic

Name of Registered Waste Hauler:

Service Transport Group

NJ DEP Waste Hauler ID No. 20990

Disposal Date:
08/25/2013

City, State:
Waynesburgh, OH

New Castle, DE

Completed By:
Miodrag Stamenovic

Signature:
Project Manager

Date:
08/14/2013

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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/15/13</th>
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<tr>
<th>Name of Building Owner/Operator (2)</th>
<th>Ted Sheppard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>12 N. Greenwood Ave.</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Hopewell, NJ 08525</td>
</tr>
<tr>
<td><strong>Name of Contact</strong></td>
<td>Ted Sheppard</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td></td>
</tr>
</tbody>
</table>

## FACILITY INFORMATION

<table>
<thead>
<tr>
<th><strong>Name of Facility Where Abatement is Taking Place (3)</strong></th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
<td>12 N. Greenwood Ave.</td>
</tr>
<tr>
<td><strong>City</strong></td>
<td>Hopewell, NJ</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Mercer</td>
</tr>
<tr>
<td><strong>County Code</strong></td>
<td>USE ONLY</td>
</tr>
<tr>
<td><strong>Name of Monitoring Firm</strong></td>
<td>MECS</td>
</tr>
<tr>
<td><strong>ASCN No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Name of Abatement Contractor</strong></td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>PO Box 341</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Crosswicks, NJ 08515</td>
</tr>
<tr>
<td><strong>Telephone No.</strong></td>
<td>(609) 298-4070</td>
</tr>
<tr>
<td><strong>License No.</strong></td>
<td>00493</td>
</tr>
<tr>
<td><strong>Name of OSHA Monitor</strong></td>
<td>MECS</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>PO Box 341</td>
</tr>
<tr>
<td><strong>City, State, Zip Code</strong></td>
<td>Crosswicks, NJ 08515</td>
</tr>
</tbody>
</table>

| **Project Manager for Monitoring Firm**                | William Weissgarber Jr. |
| **Start Date (10)**                                    | 8/26/13 |
| **Scheduled Completion Date (11)**                     | 8/28/13 |
| **Occupancy Status During Abatement (Check only one)** | Facility Closed/Vacated During Entire Period of Abatement |
| **Scope of Work (Check all that apply)**               | 20% Demolition |
| **20% sf or 20%**                                      |             |
| **2150 sf or 260 sf**                                  |             |

| **Location of Asbestos-Containing Material (ACM)**     | Thermal Pipe Insulation |
| **TO BE ABATED IN Facility**                           | 150 lb          |
| **Is Location Normally Used Solely by Maintenance/ Custodial Staff?** | |
| **Yes**                                               | No | N/A |
| **Basement**                                          | X  |
| **Crawlspace**                                        | X  |
| **Name of Registered Waste Hauler**                   | Stevens Environmental |
| **Name of Registered Landfill**                        | T.R.R.F., Inc. |
| **Disposal Date**                                     | 8/28/13 |
| **City, State**                                        | Allentown, NJ 08501 |
| **Completed By**                                       | Mahlon E. Stevens |
| **Title**                                              | Project Manager |
| **Signature**                                          |               |
| **Date**                                               | 8/15/13 |

*Do not use this form for asbestos licensure exempted activities.*
### Notification of Asbestos Abatement

**Location of Asbestos-Containing Material (ACM) To Be Abated**
- **Location**: Old Restroom
- **Description**: Floor tiles
- **Amount (capacity)**: 355 SF

---

### Facility Information
- **Name of Building Owner/Operator**: Liberty Properties 46, LLC
- **Street Address**: 803 East 27th Street, City, State, Zip Code: Paterson, NJ 07562

---

### Monitoring Firm
- **Name of Monitoring Firm**: Biotal Environmental Solutions, LLC
- **Address**: P.O. Box 1226, Wayne, NJ 07470

---

### Abatement Contractor
- **Name of Abatement Contractor**: Valiant Associates, LLC
- **Address**: 145 Mill Street, City, State, Zip Code: Paterson, NJ 07501

---

### Waiver
- **Waiver Approved**: Yes
- **Waiver Date**: Aug 1, 2013

---

### Notes
- **Do not use this form for asbestos license or sampled activities.**
### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

**Date of Notification (1):**
08/15/2013

**Name of Building Owner/Operator (2):**
Michael Landon Residence

**Street Address:**
17 48th Street

**City, State, Zip Code:**
Weehawken, NJ 07086

**Name of Contact:**
Michael Landon

**Tel. Number:**

---

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):**
Michael Landon Residence

**Street Address:**
17 48th Street

**City (5):**
Weehawken

**County (6):**
Hudson

**County Code (7):**
(NA - State Use Only)

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

**Sq. Feet:** 5000

**# of Floors:** 2

**Bldg. Age:** 50

**Current Use (prior if being demolished):**

---

**Name of Contractor (6):**
Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)

**Street Address:**
3300 Hudson Avenue

**City, State, Zip Code:**
Union City, NJ

**Telephone Number:**
(201) 325-0055

**License Number:**
01124

**Name of OSHA Monitor:**
ISES, Inc.

**Street Address:**
3300 Hudson Avenue

**City, State, Zip Code:**
Union City, NJ

**Telephone Number:**
(201) 325-0055

---

### Source of Work (Check all that apply)

- [x] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Glove-bag Procedure
- [ ] Demolition
- [ ] Mini-Enclosure
- [ ] Non-Exempted (*) and Non-Friable Procedure

---

### Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Location Normally Used Solely by Maint./Custodial Staff? (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>X</td>
<td>TSI pipe</td>
<td>230 LFT</td>
<td>X</td>
</tr>
<tr>
<td>Basement</td>
<td>X</td>
<td>Ceiling Surface</td>
<td>~1000 SFT</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Reg. Waste Hauler:**
Newark Carting

**NJDEP Waste Hauler ID #:**
04509

**Cubic Yards of Waste:**
5 (estimated)

**Name of Reg. Landfill:**
Cumberland County Landfill

**City, State:**
Newburg, PA 17242

**Disp. Date:**
08/30/2012

**Signature:**
08/15/2013

---

David Camacho

**Title:**
General Manager
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
CHECK#23327

Date of Notification (1)
8/12/2013

Agency Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA
☐ Initial
☐ Amended Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
PRIVATE RESIDENCE

Name of Facility Where Abatement is Taking Place (3)
PRIVATE RESIDENCE

Street Address
232 SHERIDAN AVENUE

City, State, Zip Code
SEASIDE HEIGHTS, NJ

Name of Contact
DAVID J. D'ANDREA

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial buildings)

Square Feet

# of Floors

Current Use (Prior if being demolished)

Name of Monitor Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
CREAM RIDGE ENVIRONMENTAL INC.

Street Address
15 BLACK FOREST ROAD

City, State, Zip Code
HAMILTON, NJ 08691

License No.

Telephone No.
609-890-7110

Name of OSHA Monitor
N/A

Start Date (10)
8/14/2013

Scheduled Completion Date (11)
8/14/2013

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement performed outside of working hours 5PM-2 AM

ESSENTIAL PERSONNEL ONLY

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 160 sf or ≥ 260 If

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)
1300 SF

Abatement Type

EXTERIOR

TRANSITE SHINGLES

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.
21079

Cubic Yards of Waste
5 YD.

Name of Registered Landfill
GROWS

City, State
WEST CREEK, NJ

Disposal Date
8/15/2013

City, State
MORRISVILLE, PA

Completed By
DAVID D'ANDREA

Title
PRESIDENT

Signature 27-Mar
8/12/2013

* 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) 08 / 14 / 13
Name of Building Owner/Operator (2) Elena Iglesias

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA
☐ (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment #_
☐ Emergency (including justification)
☐ Cancellation

Street Address
88-89 Main St
City, State, Zip Code
South River NJ
Name of Contact
Elena Iglesias
Telephone Number

FACILITY INFORMATION
Name of Facility Where Abatement is Taking Place (3)
House
Street Address
88-89 Main St
City (5)
South River
County (6)
Middlesex
County Code (7) [STATE USE ONLY]
Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions
ASCM No.
Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane
City, State, Zip Code
Garfield NJ 07026
Project Manager for Monitoring Firm
Rick Eustaquito
Telephone No.
973 494 3762
License No.
1188

Start Date (10) 08 / 25 / 13
Scheduled Completion Date (11) 08 / 27 / 13

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM - PM - PM - AM

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

Basement
☐ ☐ ☒ TSI
Basement
☐ ☐ ☒ Ceiling
Exterior
☐ ☐ ☒ Window Caulk
☐ ☐ ☒

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC
NJDEP Waste Hauler ID No. 0034860
Cubic Yards of Waste
As Needed
Name of Registered Landfill
IESI Landfill
City, State
Garfield NJ
Disposal Date
TBD
City, State
Bethlehem, PA
Completed By (Print or Type)
Ted Veskov
Title
PM
Signature

* 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) 08 / 14 / 13
Name of Building Owner/Operator (2) Dan Blank

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)
Type Notification
☐ Initial
☐ Amended
☐ Amendment # ______
☐ Emergency (including justification)
☐ Cancellation

Street Address
46 Samson Ave
City, State, Zip Code
Madison NJ
Name of Contact
Dan Blank

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
House
Street Address
46 Samson Ave
City (5)
Madison
County (6)
Union
County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions
ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane
City, State, Zip Code
Garfield NJ 07026
License No.
1188

Project Manager for Monitoring Firm
Rick Eustaquio
Telephone No.
973 494 3762

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC
Street Address
27 Outwater Lane suite B
City, State, Zip Code
Garfield NJ 07026

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM-

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3.3 ft
☐ ≥ 180 sf or ≥ 260 ft
☐ 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

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td>TSI / 70 LF</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
ALL PRO MANAGEMENT LLC
NJ/DEP Waste Hauler ID No. 0034860
Disposal Date TBD

Name of Registered Landfill
IESI Landfill
City, State
Bethlehem, PA

Completed By (Print or Type)
Ted Vekov
Title PM
Signature
Date 8/4/13

* 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)

D&S Proj. #: 2013

Date of Notification (1)
01/18/13

Name of Building Owner/Operator (2)
david lee

Name of Facility where abatement is taking place (3)
david lee

38 ELM COURT
City, State, Zip Code
SO. ORANGE, NJ 07079

Telephone Number

Facility Information

Type of Facility (4)

School (K - 12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Blgs./Homes, etc)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (6)

D & S RESTORATION, INC.

Street Address

20 California Ave.
PATERSON, NJ 07503

License Number

973-345-8020

01169

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Avenue
PATERSON, NJ 07503

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue
PATERSON, NJ 07503

Start Date (10)
08/26/13

Sched. Completion Date (11)
09/12/13

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Other: Describe

Scope of Work (check all that apply)

≥3 sf or ≥3 if

Renovation

≥160 sf or ≥260 if

Demolition

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

PIPE INSULATION

18 LFT

Amount

Removal

Re-Encapsulate

Re-Encapsulation

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID

13506

Cubic Yards of Waste

1 YD

Disposal Date

08/27/13

City, State

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

08/13/2013

* Full Containment with negative pressure
* Mini-enclosure
* Glovebag procedure
* Non-Exempted (*) and Non-friable procedure
* For Exempted activities.

Registerd 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 08/27/13

Completed by (Print or Type) BOGDAN JOLDZIC

Title PRESIDENT

Signature

Date 08/13/2013

* Full Containment with negative pressure
* Mini-enclosure
* Glovebag procedure
* Non-Exempted (*) and Non-friable procedure
* For Exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
08/18/2013

Name of Building Owner/Operator (2)
AARON & BETH SANDWEISS

Street Address
352 NO. FULLERTON AVENUE

City, State, Zip Code
MOTCLAIR, NJ 07042

Name of Contact
AARON & BETH SANDWEISS

Name of facility where abatement is taking place (3)

Location of asbestos-containing material (ACM) to be abated in facility (19)

<table>
<thead>
<tr>
<th>Location</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>PIPE INSULATION</td>
<td>100 L FT</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>BARE HEATING PIPES</td>
<td>60 L FT</td>
</tr>
</tbody>
</table>

Registered Waste Hauler
D & S RESTORATION, INC.

Disposal Date
08/24/13

City, State
PATerson, NJ 07503

Completed by (Print or Type)
ROBERT W. DOUGLASS

Title
PRESIDENT

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Date
08/13/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120.)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/8/13</td>
<td>The Estate of Louise Quick</td>
</tr>
</tbody>
</table>

**Agency(s) Notified:**  
- [X] EPA  
- [ ] DEP  
- [ ] DOL  
- [ ] DOH  
- [ ] DCA  

**Type of Notification:**  
- [X] Initial  
- [ ] Amended  
- [ ] Emergency (including justification)  
- [ ] Cancellation  

**Street Address:**  
18 ASHLAND ROAD  
SUMMIT, NJ  

**City, State, Zip Code:**  
SUMMIT, NJ  

**Name of Contact:**  
CAROLANN CLYNES  

**Telephone Number:**

**Facility Information:**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Estate of Louise Quick</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Facility:**  
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [X] 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.  
Paterson, NJ 07503  

**Telephone Number:**  
973-345-8020  
License Number 01169  

**Name of OSHA Monitor:**  
D & S Restoration, Inc.

**City, State, Zip Code:**  
20 California Avenue  
Paterson, NJ 07503  

**Scope of Work (Check all that apply):**

- [X] >3 sf or >3 lf  
- [ ] Renovation  
- [X] >160 sf or >260 lf  
- [ ] Demolition

**Description of asbestos-containing material (ACM):**  
PIPE INSULATION  
165 L FT  

**Amount (Specify SF or LF):**

**Removal:**

**Repair:**

**Encapsulation:**

**Registered Waste Hauler:**  
D & S RESTORATION, INC.  
N J DEP Hauler ID# 13506  
Cubic Yards of Waste 2 YDS

**Name of Registered Landfill:**  
TULLYTOWN, RESOURCE RECOVERY

**City, State:**  
PATerson, NJ 07503  
TULLYTOWN, PA

**Disposal Date:**  
08/27/13  

**Completed by (Print or Type):**  
BOGDAN JOLDZIC  
Title PRESIDENT  
Signature

**Date:**  
08/13/2013
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)

| 0 | 8 | 1 | 1 | 2 | 1 | 3 |

Name of Building Owner/Operator (2)

TIM GOZALES

Street Address

2 RETFORD AVENUE

City, State, Zip Code

CRANFORD, NJ 07016

Name of Contact

TIM GOZALES

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

TIM GOZALES

Street Address

2 RETFORD AVENUE

City (5)  
CRANFORD

County (6)  
UNION

County Code (7)  
(State use only)

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

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)  
08/24/13

Sched. Completion Date (11)  
08/30/13

Occupancy 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

Scope of Work (check all that apply)

- >3 sf or >3 if
- Renovation
- ≥160 sf or ≥260 if
- Demolition

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Description of asbestos-containing material (ACM)

BASEMENT

PIPE INSULATION  
100 L FT

Location normally used solely by maintenance/custodial staff (12)

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

PATERN, NJ 07503

Disposal Date

08/25/13

City, State

TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature  
Date

08/12/2013

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