State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 8/5/2016	Name of Building Owner/Operator (2) Newark Public School																	
Agencies Notified	Type Notificat ☐ Initial	tion	Street	eet Address: Cedar Street														
□EPA	☐ Amended		City,	State, Z	Zip Code													
□ DEP	Amendment#: □ Emergency			rk, NJ 07102 of Contact: Telephone Number:										-	-			
□DOL	(including M				n Olagac	leyo		- 1	relephone		9 4 3	20	16					
-□ DOH □ DCA	justification Cancellation				27		AUS 1 3 2016											
			30.00			FACILITY INFORMATION												
Name of Facility Hawthorne Avenue School								Type of Facility (4):										
428 Hawth	orne Avenue						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)											
City/ (5) County (6):					Count	y Code (7):			rate & commer		ings, ho	mes, e	tc.)					
Newark Essex			, (0).		07112	, 0000 (,).	Sau	are Feet:		# 0	f Floor	rs.						
										17 0.	11100							
								g. Age rent Use : S	chool									
Name of M	lonitoring Fir	m Hired	l by Bu	ilding	Owner:	ASCM No.:			ment Contra	ctor (9):								
WHITMAN						00110	oment, Inc.											
Street Address:					VIA		-	et Address:										
17 Pleasar	nt Hill Road																	
								8 Rutger										
City, State,	Zip Code:						City	, State, Zip	Code:									
Cranbury, NJ 08512							Paramus, NJ 07652											
Project Manager for Monitoring Firm:						Telephone No.: 732-390-5858	Telephone No.: License No.:											
Kevin Lovely							(973) 350-0101 01215											
Start Date (10): Scheduled Com 8/8/16 8/14/16					ipletion l	ion Date (11): Name of OSHA Monitor: Metro Analytical Laboratories												
Occupancy Status During Abatement (Check only one)							1150.50000	et Address:										
☐ Facility Closed/vacated During Entire Period of Abatement							5 5000000		Street, Suite	203								
☐ Abatement Performed Outside of Normal Facility Describe:					Hours		Code: w York, 100											
□ Other																		
Describe:	ule (Chaple all th	ant naul			37													
Scope of Work (Check all that apply):									☐ Full Co	1	t with	Negat	ive Pr	essure				
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf					☐ Renov	lition		☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			Ie	Locati	on							Abatement						
Lo	ocation of		N	lormal	ly	De	escript	ion of	(10)0			Туре						
	ontaining Ma	terial		Lload Salah, by Asbestos Co				g Material ems insula	(ACM)					(II)	н			
	(ACM) SE ABATED			ustodi		surfa	cing,	VAT, or		Amou		\cn	Re	nca	incl			
	N Facility			Staff?		other	misce	llaneous)		(Spec SF or		Removal	Repair	Encapsulat	Enclosure			
	(13)	-	Yes	(12) No	N/A					SF OI	Lr)	<u>=</u>		lat	re			
ROOM 1	01-106		100	X	1021	FLOOR TILE	& MA	STIC		1 200 5	4 900 SE	*			*			
				Λ		ASSOCIATED	WITI				4,800 SF				-			
												-		-				
												-						
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING				NJDE 19551				Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.										
City, State: Bronx, NY				Dispo	sal Date	;		City, Star Waynesb	te: ourg, OH 446	588								
Completed	By:			D	Title:			ature:	,	Da								
Sylvester O	raegbunam			Presid	ent	Selfburn 8/5/2016												

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

D&S Proj. #: 16-250 | NOTIFICATION OF ASDESTOS ADA

(Pursuant to NJAC 8:60 and

						11-		3 11	11/7	7	11				
Date of Notification (1)	Name of Buildin	g Owner/O	perator (2)				1 4110			1	11				
0 8 / 0 8 / 1 6			140	AUG	1 - 2	VID.		1 1		_					
Agencies Notified Type Notification EPA Initial	Street Address									Trace Control					
☐ Amended					A 25 min	7	- A	-							
Amendment #:	City, State, Zip	Code		100.00 704.6											
□ Emergency	RIDGEWO	OD, NJ 0	7450			North St.	Telephone Number								
DOH (including justification)	Name of Contac	ot					Tolophon								
DCA Cancellation	graham cor	nklin								_		_	_		
Cancellation			Y INFORMAT	ION											
<i>e</i>	(0)	TAGILL				Тур	e of Facility	(4)							
Name of facility where abatement is ta	iking place (3)							ol (K - 12)							
graham conklin			Subchapter 8 (Other than K-12) Other (Private/Commercial												
Street Address							Bldgs.	/Homes,	etc.						
						Sc	uare Feet	# of Floo	ors		Bldg.	Age			
0: (5)			Code (7)					_							
City (5)	County (6)			(State	use only)	Current Use (Prior if being demolished)									
RIDGEWOOD	BERGEN		110	ame of Abateme	nt Cont	ractor (9)									
Name of Monitoring Firm Hired by Blo	ig. Owner (8)	F	ASCM No.	1.1											
					D & S RESTO	RAII	ON, INC.			_					
Street Address				110	20 California	Δve									
					ty, State, Zip Co		-12								
City, State, Zip Code					Paterson, NJ										
	I Dha	ne Number			elephone Number	per License Number									
Project Manager for Monitoring Firm	Pilo		973-345-8020 01169								_				
			Name of OSHA Monitor												
Start Date (10)	Sched. Completion	n Date (11)		IL	D & S Restor	ration,	Inc.			_			_		
08/23/16	09/10/16			Street Address 20 California Avenue											
Occupancy Status During Abatement	(Check only one)				20 California City, State, Zip Co		<u> </u>			_					
Facility closed/vacated during e	entire period of abater	nent. s-			Jity, State, Zip O	Jue									
— December				-	Paterson, N.	07503	3								
Other-Describe: NORMAL HO							Containmen	t w/negat	tive pre	ssu	re				
Scope of Work (check all that apply)						Min	i-enclosure								
D D	Renovation					Glo	vebag proce n-Exempted	dure (*) and N	on-friat	ole r	roce	dure			
≥160 sf or ≥260 lf	Demolition	1 - 1-1				INO	n-Exempled	() and iv	H		R	E	E		
Location of	Is location normally to by maintenance/cust	usea solely todial		on of as	sbestos-containing		Amount		e	. 1	e p	n	n		
asbestos-containing material (acm) to be	staff(12)		material ((ACM)	5003103 00111611111	3	(Specif	fy SF or	0		a :	а	L		
abated in facility (13)	Yes No	N/A							e		r	р			
										1	ᆜ	ᆜ	뷰		
BASEMENT BOILER Rm.			PIPE INSU	JLATI	ON		13 l ft			_	ᆜ	片	井		
			PIPE INSU	ILATI	ON		20 1 ft			의	片		14		
basement storage rm			BARE HE.	ATIN	G PIPES		100 l ft		_	믞	井		쓔		
BASEMENT CRAWL SPACE			-1 1				1		L		Ш				
Registered Waste Hauler	NJDEP Hauler		ubic Yards of	Waste	Name of Regis	tered L	andfill ESOURCE	RECO	VERY						
D & S RESTORATION, INC.	13506		2 yds.		City, State	, IV, IV	LUCCREL								
City, State		Disposal Dis			TULLYTO	WN, F	PA								
PATERSON, NJ 07503	Title	00/2-1/1	Signature					10753	ate	01.					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT							08	3/08/ 2	U16	-				
DOGDAIA JOEDDIC	1			mn+	d activities										

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 16-249 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 |8 |/0 |7 |/1 |6 | donna caputo Agencies Notified Type Notification Street Address EPA X Initial Amended DEP Amendment #: City, State, Zip Code 2 DOL saddle brook, nj Emergency (including ☑ DOH Name of Contact Telephone Number justification) ☐ DCA donna caputo Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) donna caputo Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) saddle brook BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/25/16 09/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of Ε е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A V p BASEMENT PIPE INSULATION 42 L FT X BASEMENT BARE HEATING PIPES 581 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste | Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 vd. Disposal Date City, State City, State PATERSON, NJ 07503 08/16/16 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT

08/08/16

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)		12/			(
08 / 14 / 16					Name of Building Owner/Operator (2) Verizon										
				Street Address											
Agencies Notified EPA	Type Notificat ⊠ Initial	tion				PARTICLE AND ADDRESS OF THE PA									
⊠ DOLWD	☐ Amended			1 Verizon Way City, State, Zip Code											
⊠ DHSS	Amendme	nt#													
□ DCA	☐ Emergenc		i	Basking Ridge, NJ 07920											
(NJAC 5:23-8)	justification	n)	8	Name	of Contact			Telephone Num	ber						
	☐ Cancellation	on		Alex	Baylor										
				FAC	ILITY IN	FORMATION									
Name of Facility Where	Abatement is Ta	aking Place	(3)				Type of Facility (4)							
Verizon							☐ School (K-12)								
Street Address							☐ Subchapter 8	(Other than K-12							
42 East Main Stree	a t						Other (i.e., pr homes, etc.)	ivate and comme	rcial bu	ilding	s,				
							10	# of Floors	DI	da A					
City (5)							Square Feet	New Programme Control	DI	dg. Ag	je				
Mendham, NJ				1			10,000	3							
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)						
Morris		18													
Name of Monitoring Firm	n Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)									
USA Enviornment	al					JVN Restoration Inc									
Street Address						Street Address									
8436 Enterprise A	venue					47 Foster Ro	ad								
City, State, Zip Code						City, State, Zip Co	ode			3 4 7 7 7					
Philadelphia, PA 1	9153					Staten Island									
Project Manager for Mo		77 152 152	Tele	phone	No	Telephone No. License No.									
Mark Jenkins	intoring i iiii			15-365		718-605-6256		00774							
	10	-11-11-0	2 - 78			_ 0 15 2 THE STAR									
Start Date (10)		cheduled C	(7)			Name of OSHA N Testor Tech	ionitor								
08 /29 /		09 /	0:	_ / -											
Occupancy Status Durin	one)			Street Address											
☐ Facility Closed/Vaca						10 59 Jackso	kson Avenue								
Abatement Performs					cribe	City, State, Zip Co	ode								
Time of Abatement:	_AMPM/	5:00PM-1	:30AN	1		LIC NY 11101	Í								
Scope of Work (Check a	all that apply)														
							tainment with Neg	gative Pressure							
∑ 3 sf or ≥3 lf ☐ Renovation ⊃ 160 sf or >260 lf ☐ Demoli						☐ Mini-End	closure g Procedure								
≥160 sf or ≥260 lf			HIOHU	UII		☐ Non-Exe	empted (*) and No	n-Friable Procedu	ıre						
		15	Loca	tion						atem	ent T	voe			
Locatio	n of		Norma			Description of	of			_	1	1			
Asbestos-Containing			ed Sol			stos Containing Ma		Amount	Removal	Repair	nca	ncl			
TO BE AB		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	lova	air	sde	Enclosure			
IN Fac (13)			(12)		_	other miscellane			1 2	1	Encapsulate	Те			
()		Yes	No	N/A							· O				
1st Floor A/C Equipr	ment Room	\boxtimes	П		Floor T	ile and Mastic		230 SF			П				
1 11001740 Equipi				-							=	+			
										П		Tn			
N (B : 1 1)			14		Masta	Oubia Varda of	Name of Bosis	stored Landfill							
Name of Registered Wa	iste Hauler		- 3	NJDEP I Hauler II		Cubic Yards of Waste	Name of Regis								
Newark Carting				NJ-56		40	G.R.O.W.S	., inc.							
City, State						Disposal Date	City, State								
Hackettstown, NJ						09/02/16	Morrisville	,PA							
Completed By (Print or	Type)	Title				Signature	11/1/1/1		ate						
Ralph Barnhardt	7 F = 7	Projec	et Ma	nager		141	11//	and the second s	05-	14	-1/4	-			

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

Date of Notification (1)	Name of Building Owner/Operator (2)																
	14 / _	16		Verizon													
Agencies Notified	Type Notifica	ition		Street	Street Address AUG 1 5 2016								116 111111				
⊠ EPA				1 V	erizon W	ay		i i		-010		L					
□ DOLWD	☐ Amended			City, S	State, Zip C	Code			No. of the Contract of the Con				-				
□ DHSS □	Amendme						NJ 07920	ASSESTOS CONTROL &									
DCA (NJAC 5:23-8)	☐ Emergend justification		g		of Contac			Telephone Number									
(140/10/3.25-0)	☐ Cancellat				x Baylor				relephone iva	ii ii boi							
							RMATION										
Name of Facility Where A	Abatement is T	aking Place	e (3)					Type of Facility	(4)	To respond							
Verizon								School (K-12)									
Street Address								Subchapter 8									
1001 West Bay Ave	nue							Other (i.e., pr homes, etc.)		nercial b	uildin	gs,					
City (5)								Square Feet	# of Floors	# of Floors Bldg. Age							
Barnegat, NJ 08005	5							10,000	3		₩						
County (6)				Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	ior if being demo	olished)			-				
Ocean					5 88	1800		,	5								
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)									
USA Enviornmenta	I					J	VN Restora	tion Inc									
Street Address	==:::::::::::::::::::::::::::::::::::::					Stre	eet Address										
8436 Enterprise Av	enue					4	7 Foster Ro	pad									
City, State, Zip Code	WW.					City	, State, Zip C	ode									
Philadelphia, PA 19	153					100000		d NY 10309									
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Tele	Telephone No. License No.										
Mark Jenkins	15-365	-5870	1	18-605-6256	;	00774											
Start Date (10)	etion Da	ite (11)	Nar	me of OSHA N	Monitor												
08 /25 /	16	_10_	2	5_/	16_	Т	estor Tech										
Occupancy Status During	Abatement (0	Check only	one)			Stre	eet Address						-				
☐ Facility Closed/Vacate	ed During Entir	re Period of	Abate	ement		1	0 59 Jackso	son Avenue									
Abatement Performed						City	, State, Zip Co	Code									
Time of Abatement: 6	:00 AM-2;30	PM/	PM	AM	1	10 23	IC NY 11101										
Scope of Work (Check al	I that apply)																
≥3 sf or ≥3 lf	ion				tainment with Neg	gative Pressure											
								g Procedure									
	<u> </u>				_		☐ Non-Exe	mpted (*) and No	n-Friable Proce	dure							
Lacation			s Loca Norma				D			A	baten	nent 7	уре				
Location Asbestos-Containing) Us	ed So	ely by	Asbe	stos (Description of Containing Ma		Amount	7.0	Re	Ē	E				
TO BE ABA	TED	M	ainten			e., the	rmal systems	insulation,	(Specify	Kemoval	Repair	cap	Enclosure				
IN Facili (13)	ty	Cu.	Custodial Staff? (12)				urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		Encapsulate	ure				
(10)		Yes	No	N/A		Oti	ici imsociiano	lous)				te					
Roof		\boxtimes			Flashin	ng Ma	aterials	-	1200 SF								
Roof					Pitch P				20 SF		+	П					
*																	
												Ī					
Name of Registered Was	te Hauler		1	NJDEP	Waste	Cub	oic Yards of	Name of Regis	stered Landfill			1-					
Newark Carting			100	Hauler II	D No.	Was	ste	G.R.O.W.S									
City, State					00	Disp	posal Date	City, State									
Hackettstown, NJ							0/30/16	Morrisville,PA									
Completed By (Print or T	ype)	Title		Signature				1111	-7	Date							
Ralph Barnhardt	nager			m	11/1/1		a3-	14-	-161								

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

ASB-41 MAY 11