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

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Date of Notification (1)	7 . 7		TA	lame of Bu	id Side dila 1		DEC (1129	312-	1	U
	7-12	_	1"	arrie or Bu	Riche	ator (2)	adgett			+	
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DOL Ame	ndment # gency (includin	g		ity, State, Z	High	7707	ack, NJ	7 08	'GA	c	
DCA justifi	cation)	-	N:	ame of Cor	ntact		Telephone 1	0	10	<u></u>	
Name of Facility Why			F	ACILITY	NFORMATION	dgett	.				7
Name of Facility Where Abatement						Type of Fac	cility (4)			-	
Street Address	7 830	e III.	^5			School (H	K-12)				
City (5)	son A	UE			-	Other (i.e.	ter 8 (Other than K c. private & comme	-12) rcial build	ings,		
Highland	Park	()	NI	7 0	8904	Square Fee	t # of Floors	Bldg	g. Age	-	
County (6) Middlesex			the same of the same of	inty Code	(7) (STATE USE	Current Use	(Prior if being dem	nolished)	75	+-	-
Name of Monitoring Firm Hired by Bu	uilding Owner	AS	CM No.		Name of Abate						
(8) EPC Technolo	gies		N	A	EP	C Tech	nologie;	. —	8	/b==00	
P.O. Box 337			•		Street Address		-	5, <u>L</u>	nC	-	
City, State, Zip Code	T AD	~ > -	·		City, State, Zip	Code	ox 337				
New Egypt N Project Manager for Monitoring Firm	T	Teleph	none No		Neu	Equpt	T.W.	085	33		
Steve Schenkere Start Date (10)	- 10	609	750	27/ (-	609-758		License No.				
12-17-12	12 - 1	P	Jate (11	1)	Name of OSHA	Monitor		039	-		_
Occupancy Status During Abatement	(Check only on	e)			Street Address	. Tech.	nologies.	In	<u> </u>		
Facility Closed/Vacated During Entil Abatement Performed Outside of No.	re Period of Ab	atemei	nt :			. Box					
Other - Describe: Scope of Work (Check all that apply)		ours,			ony, otate, zip c	Egypt	5,000,00	085	22		
₹≥3 sf or ≥3 lf				13		0//	th Negative Pressu		27		-
] ≥ 160 sf or ≥ 260 lf			☐ Dei	novation molition	- IVIII 11-E	Enclosure bag Procedure		re			
	7	s Locar	tion	Г	□ Non-E	xempted (*) ar	nd Non-Friable Pro	cedure			Leven
Location of		Norma	lly		Description of		* * * * * * * * * * * * * * * * * * *		Aba	teme Type	ent
Asbestos-Containing Material (ACI	VI) Ma	aintena Custod	nce/	Asbest	os Containing Mat thermal systems in	erial (ACM)	Amount			m	
IN Facility (13)		Staff?		,,	surfacing, VAT, other miscellaned	or	(Specify SF or LF)		Removal	Encapsulate	Enclosure
	Yes	No	N/A	,	- mai moonance	,03)			wal arr	ulate	sure
Basement		X		Pipe	Insula	ha'az a	150	-	X	_	_
							130 (+	+	+
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me of Registered Waste Hauler	NJI ID I	DEP W	aste Ha		Cubic Yards of	Name of Regis	tered Landfill				
PC Technologies	>		700	00	Vaste 2	Waste	Monage	ment	-		
JE NJ	F			57	Disposal Date (olly, State		5707-51			\dashv
ritle seve Schenker .Title	Preside	1			ignature of	Monnis	1.00	PA Date		-	
	Do not use this	form	for asha	estos licen	Sure exempted act	e Sche	he	12-7	7-1	2	
				- IOO IICCII	ore exerippied act	IVITIOC					- 1

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17476		State of New Jersey FIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)					****	The state of the s	F C F	3	\ <u>/</u>	F			
Date of Notification (1) 12/7/2012	***		Name of Building Owner/Operato					0		5 6 6	<u> </u>	<u>U</u>	<u>L</u>		
Agencies Notified Type Notification X EPA X Initial				Address ROCKW(OOD P	OOD PLACE DEC 1 1 20							2		
DEP Amended Amendment		_		ate, Zip Co EWOOI							S CONTROL &				
Emergency (justification) DCA Cancellation	including			of Contact EL BOSS	SONG	122	Felophone Nu					ENSING Imber			
Name of Facility Where Abatement is Takin RESIDENCE	g Place (3	3)	FAC	ILITY INFO	ORMAT	ION	Туре	of Facil	ity (4)						
Street Address 131 ROCKWOOD PLACE	11			-				Other (i.	pter 8 (O	ther than K- e & commerc		dings	, hom	es,	
City (5) ENGLEWOOD				W-10				etc.) e Feet	#	of Floors	E	Bldg. A	Age		
County (6) BERGEN	11 15			Code (7) USE ONLY)		Curre	nt Use	(Prior if b	eing demolis	shed)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASC	M No.		1			Contract RS CO	or (9) NTRACTII	NG	7910			
Street Address		(0.2				Street Address 250 RUTHERFORD BLVD.						0.000			
City, State, Zip Code							tate, Zi			355					
Project Manager for Monitoring Firm				Pephone No. Telephone No. License No. 973-956-8700 00494						3-2-51					
Start Date (10) 12/18/2012	12/20/2	2012	pletion	Date (11)		Name of OSHA Monitor SAME AS (9) ABOVE									
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem					Addres tate, Zij	71		- 8		olinie.			
Scope of Work (Check All That Apply) x ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Pemoliti				×	Mini Glov	i-Enclo: vebag f	sure Procedur	ith Negative e and Non-Fria			re .		
Location of	Location Normall	ally				scription of			7,		Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar	olely by nance/ al Staff? Asbestos ((i.e. ther			ntaining Material (AC nal systems insulation facing, VAT, or r miscellaneous)				Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
BASEMENT	Yes	No X	N/A		*****	PIPE		165 LF		X		Ф			
										hii -	-				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Ha	JDEP Wauler ID		Cubic of Was					tered Landfi		.R.C).W.S	 S.	
City, State , ;						al Date			State RRISVI	IIF PA	7		- 4		

Completed by

VIVECA RAMOS

Title

SECRETARY

Date

12/7/2012

Signature

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT Check #4784

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/5/12						uilding 1 Univ	Owner / Operato	DEC .	1 1 20	10		$\parallel \parallel$			
Agencies Notified EPA	Type Notific	ation		Stree	et Add	ress	nceton Univer	sity E A Ma	2 4	<u> </u>	12		+		
☐ DEP ☐ DOL	☐ Initia	ıl ınded #		City,	State	& Zip (Code	Sity L.A. III	ASBESTOS	CONTRO	LS				
☐ DOH☐ DCA		rgency cellation		Nam	e of C	ontact rtego,		4-1-2-5		Telepho	nes, etc.) le Pressure e Procedure	er			
					CILI	TY INF	ORMATION								
Name of Facility W Princeton Unive				3)		10	Type of Facil School (1		
Street Address								oter 8 (Other t							
One Washingtor	n Road								ommercial buildin			etc.)			
City (5)		County (6)	IC	untv	Code	(7)	Square Feet	# OT FI	loors	Bldg. Ag	е				
Princeton		Mercer		Julity	Oouc	(')	Current Use	(Prior if being	demolished)			<u> </u>			
							University	. TO COTO							
Name of Monitoring	g Firm Hired b	by Building Ow	ner (8)	AS	CM No		tement Contra	actor (9)						
Street Address					Street Addres										
Bromley Corpora		3 Terri Lane,	Suite	12			PO Box 25								
City, State & Zip Co					W 2		City, State &								
Burlington, NJ 0 Project Manager fo		Firm	Tolo	nhon	e Num	har	Lumberton, NJ 08048 Telephone Number License Number								
Mike Keehn	i wormoning i	11111	A CONTRACTOR		8800	ibei	609-265-210		License	0052	29				
Scheduled Start Da		Scheduled Completion Date (11)				1)	Name of OSI	Name of OSHA Monitor							
12/18/12 1/25/13 Occupancy Status During Abatement (Check only one)						EMSL Analytical Street Address									
Facility Clos	sed/Vacated	During Entire F	eriod	of Ab	atem	ent	108 Haddor								
	Performed O	utside of Norm	al Ho	urs			City, State &	0.70							
Describe: Facility Occ	cupied During	Abatament					Westmont,	NJ 08108							
Scope of Work (Ch			any control												
									ontainment with N	Negative	Pres	sure			
≥3 sf or ≥3 ≥160 sf ≥26			\bowtie		novati				nclosure						
≥160 sf ≥26	וו טס		Ш	De	molitio	on			Bag Procedures	n Eriahle	o Dro	codu	ro		
L	ocation of		ls	Loca	tion	1	Description		Amount	Abatement Type					
	tos-Containin	ig ·			Used		Asbestos-Con		(Specify						
	terial (ACM) BE ABATED			olely tena	by nce or		Material (At (i.e., thermal s		SF or LF)	R.	20	Enc	Ē		
	n Facility			odial	Staff?	2.	insulation, surfac	cing, VAT		Remova	epa	apsu	closi		
(13)		Yes	(12) No	N/A	-	or other miscell	aneous)		<u>a</u>	=	late	ਜ਼			
Work Area #1- Lev	rel 1						Floor tile & N	Mastic	4,650 SF		П		П		
Work Area #1- Lev	V27/2-000			H		Pipe	& Pipe Fitting				H	H	H		
Work Area #1A- Le							or tile, mastic								
Work Area #2- Lev	el B South F	an Room					Duct seam	caulk	1,400 LF						
			H	H	+H		_		*		Щ		H		
Name of Registered	d Waste Haul	er	ليا	I U	JDEP	Waste	Cubic Yards	Name of Re	gistered Landfill			Ш			
					auler I	D No.	of Waste								
AbateTech, Inc. City, State					187	อบ	TBD Disposal Date	City, State	atlii						
Lumberton, NJ							1/25/13	Tullytown,	PA						
Completed By (Prin	t or Type)			1741 500 500	tle		Signature	4		Date					
Gwen Trumbetti				O	pps. (Coord.	Con	J		12/5	/12				

State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 12-422 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/10 15 1/11 12 1 DEC 11 JAMEY ALTMAN 2012 Agencies Notified Type Notification Street Address ☐ EPA Initial 51 BEECH ROAD Amended DEP ASBESTOS CONTROL City, State, Zip Code Amendment #: LICENSING DOL. Emergency GLEN ROCK, NJ 07452 a vigor DOH DOH (including Name of Contact Telephone Number justification) DCA JAMEY ALTMAN Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JAMEY ALTMAN Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 51 BEECH ROAD Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) GLEN ROCK BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/27/12 01/10/13 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 □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of R Ε by maintenance/custodial е e asbestos-containing n Description of asbestos-containing Amount staff(12) m n material (acm) to be p C (Specify SF or material (ACM) C 0 abated in facility (13) a a LF) Yes No N/A V p e basement PIPE INSULATION & FITTINGS 30 LF T X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State PATERSON, NJ 07503 12/28/12 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date **BOGDAN JOLDZIC** PRESIDENT 12/05/12

Do not use this form for asbestos licensure exempted activities.

ASB-41

State of NJ Notification of Asbestos Abatement, D&S Proj. #: MS 12-423 (Pursuant to NJAC 8:60 and 12:120) (6) Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 0 5 / 1 2 ANTHONY CACCIOLA DEC 11 2012 Agencies Notified Type Notification Street Address **Initial** EPA 690 CHURCH STREET Amended DEP ASBESTOS CONTROL & City, State, Zip Code Amendment #: LICENSING DOL _ Emergency ORADELL, NJ DOH. (including Name of Contact Telephone Number justification) ☐ DCA ANTHONY CACCIOLA Cancellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) ANTHONY CACCIOLA Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 690 CHURCH STREET Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) ORADELL 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. 12/17/12 12/28/12 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 >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m n material (acm) to be D (Specify SF or C material (ACM) 0 abated in facility (13) a a LF) Yes No N/A p basement PIPE INSULATION & FITTINGS 16 LFT basement **Boiler Insulation** 42 SO FT Registered Waste Hauler Cubic Yards of Waste

Completed by (Print or Type) BOGDAN JOLDZIC

PATERSON, NJ 07503

City, State

D & S RESTORATION, INC.

PRESIDENT

Title

NJDEP Hauler ID#

13506

Signature

1 YD

Disposal Date

12/18/12

TULLYTOWN, PA

City, State

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Date 12/05/12

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 42:420)

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Date of Notification (1)		-					11 11 1	361		\mathbb{W}	E	- 1
12/07/2012		,	Name of Buildi Youth Cons	ing Owner/Ope sultation Se	erator rvice	(2)	KI					1
Agencies Notified Type Notification EPA Initial DEP Amended	on		Street Address 284 Broadw				Ш	DEC	11	201	2	#
DOL Amendme		1	City, State, Zip Newark, NJ					ASBEST			&	1
DOH justificatio		- N	lame of Conta Norma Sylv	100 00			्रीया	elephana A	CENSI	-	1	
Name of Facility Where Abatement is Tak	ing Place ((3)	FACILITY II	NFORMATION	-	T						
YCS-G.W. School		.0,				Type of Facilit School (F						
Street Address 386 Hudson Street						X Subchap	ter 8 (Ot	her than K- & comme	-12) rcial bu	uilding	s, ho	m
City (5) Hackensack, NJ						Square Feet	100000	of Floors	T	Bldg.	Age	-
County (6)		C	ounty Code (7	7)		20,000 Current Use (F	2 Prior if he	ing demol	(hod)	50+	_	24
Bergen		(S	TATE USE ON	in	-	Private Sch	ool for	Special	need	s kid:	s	
Name of Monitoring Firm Hired by Building Envirovision Consultants, Inc.		ASCM No. 00079	ame o	f Abatement C Construction	ontracto	r (9) st. Inc.						
Street Address 20-21 Wagaraw Rd. Bldg.34 A			treet A	ddress Route 46 S								
City, State, Zip Code Fair Lawn. NJ 07410			Ci	ity, Sta	ite, Zip Code a, NJ 07512				-		-	
Project Manager for Monitoring Firm Fred Larson		lephone No. 73-636-914	Te	Telephone No. 973-256-7010			License No. 0666					
tart Date (10) 12/10/2012	ed Comple 2012	etion Date (11	1) Na	ame of	ne of OSHA Monitor ako Construction & Rest. Inc.							
Cocupancy Status During Abatement (Che Facility Closed/Vacated During Entire	157.0	(55.0)	(1)	St	reet A	ddress Route 46 Si						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Penoa of A	\baiemen	it	1 -	00 A	Noute 40 O	THE SP					
Abatement Performed Outside of Non Other – Describe:	mal Facility	Hours	23			te, Zip Code						
Other - Describe:	mal Facility	Hours				te, Zip Code a, NJ 07512	2					
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf	mal Facility	Hours enovation	1			Full Containn Mini-Enclosu	nent with	Negative	Pressu	ıre		
Other – Describe:cope of Work (Check All That Apply) ≥3 sf or ≥3 ff	mal Facility	Hours	1			a, NJ 07512 Full Contains	nent with re ocedure			ocedur		
Other – Describe: Coope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	R R D	enovation emolition Location lormally	1	To	otowa	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	nent with re ocedure			ocedur Abate		ıt
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Is Nusec Main Custo	enovation emolition Location formally d Solely britenance odial Staff (12)	Y Asbe		tion of Matiems in VAT,	Full Contains Mini-Enclosus Glovebag Pro Non-Exempte erial (ACM) sulation, or	nent with re occedure ed (*) and Ar (S			ocedur Abate	emer /pe	T
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Racility R D Is N Usec Main	Location lormally d Solely britenance odial Staff (12)	y Asbe	Descrip estos Containin e. thermal syst surfacing, other misce	tion of ag Matems in VAT,	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte erial (ACM) issulation, or us)	nent with re ocedure ed (*) and A (S SF	d Non-Frial mount specify or LF)	Removal	Abate Ty	emer	I
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Nusec Main Custo	enovation emolition Location formally d Solely britenance odial Staff (12)	y Asbe	Descrip estos Containir b. thermal syst surfacing,	tion of ag Matems in VAT,	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte erial (ACM) issulation, or us)	nent with re ocedure ed (*) and A (S SF	d Non-Frial mount specify	ble Pro	Abate Ty	emer /pe	I
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Gym	Is Nusec Main Custo	Location lormally d Solely britenance odial Staff (12)	y Asbe	Descrip estos Containin e. thermal syst surfacing, other misce	tion of ag Matems in VAT,	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte erial (ACM) issulation, or us)	nent with re ocedure ed (*) and A (S SF	d Non-Frial mount specify or LF)	Removal	Abate Ty	emer /pe	I
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Gym	Is N Usec Main Custo	enovation lemolition Location lormally d Solely britenance odial Staff (12) No N N N N N N N N N N N N	Y Asbe P? (i.e	Descrip estos Containin e. thermal syst surfacing, other misce Wood Floo	tion of ag Matterns in VAT, ellaneo	Full Contains Mini-Enclosus Glovebag Pro Non-Exempte erial (ACM) susulation, or us) Name of	nent with re ocedure ed (*) and (S SF	d Non-Frial mount specify or LF)	Removal x	Abate Ty	emer /pe	T
Other – Describe: cope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Gym Gym ame of Registered Waste Hauler ko Const. & Rest. Inc./Newark Carry, State	Is N Usec Main Custo	enovation lemolition Location lormally d Solely britenance odial Staff (12) No N N N N N N N N N N N N	Y Asbe (i.e	Descripestos Containire, thermal system surfacing, other miscendor Wood Floo	tion of og Matems in VAT, offaneo	Full Containn Mini-Enclosur Glovebag Pro Non-Exempte erial (ACM) asulation, or us) Name of G.R.O. City, Stat	A (S SF 4,0	mount specify or LF)	Removal x	Abate Ty	emer /pe	I
Other – Describe: 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 N Usec Main Custo	enovation lemolition Location lormally d Solely britenance odial Staff (12) No N N N N N N N N N N N N	Y Asberry (i.e. WA	Descripestos Containine, thermal syst surfacing, other misce Wood Floo Cubic Yard of Waste 40 Disposal Da 12/21/201	tion of ag Matrems in VAT, ellaneo	Full Contains Mini-Enclosus Glovebag Pro Non-Exempte erial (ACM) asulation, or us) Name of G.R.O.	A (S SF 4,0	mount specify or LF)	Removal x	Abate Ty	emer /pe	nt