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

Print Form

			(Pt	ırsuant	to NJAC 8:60	and 12:12	U)		In	F/	C	F		W
Date of Notification (1)					Building Own	10.500	200		IKI		_	L-3	u	ш
Agencies Notified X EPA	Type Notification			Street A	ddress WER LAN	E				D	EC	2	9 2	016
× EPA × DEP × DOL	Initial Amended Amendment	#_1			te, Zip Code	3H NJ O	8844			SBES	OTC	200	2011	TDC
	Emergency justification)				Contact	311,110 0	00 1 1		Telephone					
X DOH X DCA	Cancellation			DOMI	NIQUE ,				,					
Name of Facility Where	Nh -1 1 :- T - 1 :-	. DI /6		FACI	LITY INFORM	MATION	1 -	5 E - 1116 - 7.4						
Name of Facility Where A 2171-2179 ROUTE		ig Place (3)				Туре	of Facility (4 School (K-12	*					
Street Address 2171-2179 ROUTE	= 206					•	×	Other (i.e. pr	3 (Other than ivate & comm		build	lings,	home	es,
City (5)							733555	etc.) are Feet	# of Floors	ı	1 8000	dg. A	ge	
BELLE MEAD 0850	02						600		1		3.00	65		
County (6) SOMERSET					Code (7) USE ONLY)		Curr	ent Use (Prio	r if being dem	olished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.			atement Cont						
Street Address						Street	Addre							
City, State, Zip Code								Zip Code						
								NJ 07105						
Project Manager for Mon	itoring Firm			Telephor	ne No.	Telepi		No. 0877	Licen 0124	se No.				
Start Date (10)		Schedule	ed Con	Separation of the second	Date (11)			HA Monitor	012	+0				
12/31/16		1/3/17						ronment C	orp.					
Occupancy Status During	Abatement (Chec	k Only Or	ie)	1			Addre							
Facility Closed/Vaca Abatement Perform Other – Describe: _	ed Outside of Norr	Period of A	Abatem Hours	ient		City, S	State, 2	ute 22 Wes Zip Code J 07083	SI					
Scope of Work (Check A	Il That Apply)					Office	JII, 14	0 07000						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		_	Renova Remolit			>	Mi GI	ull Containme ini-Enclosure ovebag Proce	edure				9	
		100	Locati				- 11		() () ()				ment	
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	(i.e. the	Description Containing Manual system urfacing, VAner miscellar	Materia is insul AT, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					0001 5				CD.	
Exterior tra				X	DID	transite		NI	200LF	-	X			
Baseme	ent			X	PIP	E INSUL	AHO	N	70	-	X			
1														
Name of Registered Was			10000	JDEP W auler ID	(18) (18) (18) (18) (18) (18) (18) (18)	ubic Yards Waste			Registered La					
Newark Carting Inc.			1.30	4509	31				ethlehem la	andfill				
City, State Po.Box 5670 Newar	k, NJ 07105				Di	sposal Date		City, State 2335-Ap	oplebutter	Road,	Bet	hleh	em,l	PA
Completed by		Title	i lida			Signatur	e	/		Date				
Carlos Gomes	-	Pres	ident			7	/	1	/	12/2	21/1	16		

Do not use this form for asbestos licensure exempted activities.

0832-0	37	NOT		ATION	OF AS	ew Jersey BESTOS ABAT AC 8:60 and 5:1		DEG		9 2	W 2016	E
Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	THE DE	JE	9 0	2010	
12 /	27 / 1	16		THI	E MIDDL	ESEX COUNT IN	PROVEMENT	AUTHORITY				
Agencies Notified	Type Notification	n		Street	Address	Stratilist		ASBEST	os	CON	VTR	OL 8
⊠ EPA	☐ Initial	**				HANGE PLAZA				VSIN		
☑ DOLWD	☐ Amended				State, Zip (CITY CONTRACTOR CONTRACTOR CONTRACTOR						
☑ DHSS	Amendment	# <u>2</u>		1.500								
☐ DCA		includin	g		1-1-1-1	, NJ 08512		T-I				
(NJAC 5:23-8)	justification)			Name	of Contac	t		Telephone Numb	er			
	☐ Cancellation							_				0.000
				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is Taki	ng Place	e (3)				Type of Facility	(4)				
ROOSEVELT HOSE	PITAL						School (K-12					
Street Address							Subchapter	8 (Other than K-12) rivate and commerc	aial hi	ومنامانه		
1 ROOSEVELT DR	IVE						homes, etc.)		ומ ומנ	maniê	JS,	
City (5)							Square Feet	# of Floors	BI	dg. A	ae	
EDISON							>500,000	A NATIONAL MARKET		75+	_	
County (6)				Cour	ty Code (7)(STATE USE ONLY)		lior if being demolish				
MIDDLE SEX				0001	ity oodo (i	Nomine dae divery	HOSPITAL	ioi ii boilig domolloi	iou)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
EHS				266		DELTA/BJDS	, INC					
Street Address						Street Address						
411 SOUTHGATE O	COURT SUITE E	≣				1345 INDUST	RIAL BLVD					
City, State, Zip Code						City, State, Zip Co	ode					
MICKLETON, NJ 08	3056					SOUTHAMPT	ON, PA 18966					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.		License No.			170	
JACK CARNEY			85	6 224	-0080	215 322-2900		00783				
Start Date (10)	Sche	eduled C	omple	tion Da	te (11)	Name of OSHA N	lonitor					
12 /27 /	16	01 /	31	1	17	CRITERION L	ABS					
Occupancy Status During	Abatement (Che	ck only	one)	-277		Street Address			-			
☐ Facility Closed/Vacate				ment		3370 PROGR	ESS DRIVE					
☐ Abatement Performed					cribe	City, State, Zip Co						
Time of Abatement: 7						BENSALEM,						
Scope of Work (Check al	I that apply)					DENOALLIN,	I A 13020					
Ocope of Work (Offeck at	i tilat apply)						ainment with Neg	gative Pressure				
≥3 sf or ≥3 If			enovati			☐ Mini-Enc	losure					
≥160 sf or ≥260 lf		∐ De	emolitic	n				n-Friable Procedure	2			
		le	Locat	ion		□ Non-Exe	inpled () and ivo	II-I Habie I Toccuure		otom	ont T	
Location	of	33.0	Norma			Description o	,f		\vdash	atem		I
Asbestos-Containing		Use	ed Sole	ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABA			iintena todial \$., thermal systems	insulation,	(Specify	VOU	air	aps	losi
IN Facili (13)	ty	Cus	(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre
(10)		Yes	No	N/A		Julio Illigociiai le	000)				e	
4TH FL DOWN TO	FLOOR PIPE	П		П	DIDE IN	SULATION		45 LF			П	
CHACE					LILE III	SULATION		40 LI				

Name of Registered Waste Hauler SERVICE TRANSPORT City, State

Completed By (Print or Type)

Damian Lavelle

58 PYLES LANE, NEW CASTLE DE. 19720

MISCELLANOUS TRANSITE OUT

NJDEP Waste Hauler ID No. 20990

 \boxtimes

 \boxtimes

PROJECT MGR.

Cubic Yards of Waste

Name of Registered Landfill MINERVA LANDFILL

10 SF

100 LF

Disposal Date City, State

Signature

WAYNESBURG, OH 44688

12-28-2016

 \boxtimes

SIDE BLDG 2ND FLOOR

TRANSITE

PIPE INSULATION

0832-07 Date of Notification (1)	7		N	OTIF	(Pursua	int to	e of New Jers F ASBESTO NJAC 8:60	S AB/ and 5:	16)			G E	- tr	\mathbb{V}	
10	16	1	16		Nam	e of B	Building Owner/C	Operator	(2)	11111	DE	C 2	9 2	2016	- Amazon
Agencies Notified	Type No	otificati			111	I IVII	DDLESEX CO	II TNUC	MPROVE	MENT	LITHO	DITY			
Ø EPA Ø DOLWD	Initia	l I	on		1000000	.,	1635			A	SBES	TOS	CON	TRO	11 8
□ DOLWD □	☐ Ame	nded			101	INT	ERCHANGE I	PLAZA			L	ICEN	ISIN	3	II O
□ DCA F	Amer	ndmen	t #		City, S	State,	Zip Code								
(NJAC 5:23-8)	Emer	gency cation)	(includ	ing	CR	ANBI	URY, NJ 0851	12							
] Cance	ellation			Name	of Co	ntact			17	Telepho	ne Nur	mber		
Name of Facility Where Abar	tement	ic Told	- Di		FAC	ILIT	Y INFORMATI	ION							
L - L L I II USPITA	AI.	is rakii	ng Plac	ce (3)					Type of F						
Street Address									Type of Fa	acility (4)	p-E				
1 ROOSEVELT DRIVE									L Subcha	nter 9 (0	ther the	n 1/ 4/			
City (5)										.e. 11/11/21	ie and c	omme	() rcial h	uildin	
EDISON													olai D	ullulli	JS,
County (6)								- 1	Square Fee		of Floo	rs	BI	dg. A	ae
MIDDLE SEX					County	Code	(7)(STATE USE C	MI W	>500,00				- 1 -	75+	,
Name of Monitoring Firm Hired	h. F		* *				1 1 1 1 1 1 1 0 0 E C	80.	Current Use	(Prior if	being d	emolis	hed)		_
EHS	by Buil	lding C	wner (8) A	SCM No.		Name of Ab	- 1	DUSPII.	ΔΙ					
Street Address					266		Name of Aba	atement	Contracto	r (9)					
411 SOUTHGATE COUR	T 01						DELTA/B Street Addre	SJUS, 1	NC						
City, State, Zip Code	SUIT	EE													
MICKLETON, NJ 08056						_	1345 IND	USTRI	AL BLVD						
Project Manager for Monitoring I							City, State, Z	ip Code							
JACK CARNEY	-irm			Teleph	one No.		SOUTHAN	MPTON	l, PA 189	66					
Start Date (10)			- 1	856	224-008	0	Telephone No	0.		Lice	ense No).			
12/27/16	So	chedule	ed Con	npletion	Date (1	1)	215 322-29			1 1	0783				
Occupant 21 / 16					/_17	',	Name of OSH	A Monito	or						
Occupancy Status During Abaten Facility Closed (Aparted B. 1)	nent (Ch						CRITERIO		S						
Facility Closed/Vacated During Abatement Performed Outside	Entire Entire	Period	of Ab	atemen	ıt.	- 1	Street Address								
Abatement Performed Outside Time of Abatement: 7AM-	of Norr	nal Fa	cility H	ours - [Describe		3370 PROG	GRESS	DRIVE						
		1PM-		AM	2001100		City, State, Zip	Code							
Scope of Work (Check all that app	ly)						BENSALEN	/l, PA 1	9020						
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renov	ation			☐ Full Co	ntainme	ent with Ne	gotive D					
			Demoli	tion			Ø Gloveh	an Dros							
			Is Loc	ation	T		□ Non-Ex	empted	(*) and No	n-Friable	Proced	1150			
Location of Asbestos-Containing Material (A			Norm	ally							1 10000				
-O BL ABATET	CM)	l W	sed So lainten	lely by	As	besto	Description of Secondary Secondary	of				10.00	batem		/pe
IN Facility		Cu	stodial	Staff?	(i.e., t	iciliai systems	Inculation	ACM)	Amo	ount	Removal	Repair	回	四
(13)		_	(12)				Suriacing VAI	Or	J.,	(Spe SF or	cify	Vou	pair	сар	clos
H FL DOWN TO 2ND FLOOR	DIDE	Yes	No	N/A		C	ther miscellane	eous)		0, 0	Lr)	<u>a</u>		Encapsulate	Enclosure
ASE FLOOR	PIPE		×		PIPE	NICII	LATION							te	
				-	I IFE	IA2A	LATION			10 L	F				
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ne of Registers 414														71	7
ne of Registered Waste Hauler ERVICE TRANSPORT			l N.	DEP V	Vaste	In	i. W							= ;	-
			Ha	uler ID	No.	Was	oic Yards of	Name	of Register	ed Landfi	ill			7 [1
State PYLES LANE NEW			1 2	20990			1	MINI	ERVA LA	NDFILL	RII.				
PYLES LANE, NEW CASTLE	DE. 1	9720				Disp	osal Date	City, St.	ate						
preted By (Print or Type)	Title							WAY	NESBUR	G, OH 4	4688				
mian Lavelle	PR	OJEC	TMG	R		7	Signature	± 30	0						
		5.0			<u> </u>		1	_	10	00	Date	1.	10	,	
11	* Do	not us	se this	form fo	r asbesto	s lice	nsure exempted	d activitie	Lane	lle	12	116	120	16	

20 2016 05:05PM NJ Asb DEC/20/2016/TUE 03:31 P						•107	age 1	-				
DEC/ 20/ 2010/ 108 03:31 P	M D	elta	/BJ[S		FAX No.	215-332-161	6 m	C	P.H	002	1
X.					State	of New Jersey		118/-			- U	-
-622		1	TOP	FICA	TION OF	ASBESTOR AD	ATEMENT	IIII	ne.			(4-1-4
0832-02 Date of Notification (1)	<u>-</u>			(Fui	anaut to	NJAC 8:80 and 6	5:16)	L'DH)L.	This	12	9	20
		40			Name of Bu	ilding Owner/Operat	or (2)	+==		* .= 1		1
	_ / _		-	_	THE MIC	DLESEX COUNT	IMPROVEMEN	IT AUTHORIT	STO	DS (CON	F
⊠ EPA □ In	Notifics	ition			Street Addr	686	_		110	CEN	SIM	đ
☑ DOLWD	nended			-		ERCHANGE PLAZ	'A		1			1
≥ DH\$\$ Ar	nendine	nto1		16	CD AND			1-2007	1	A		- 0
	nargeno stricatio	7 (148) 10)	uding	A	lame of Co	JRY, NJ 08512			1			
C	ncelleti	on.		1	anna oi co	nosct		Telephon- A	i mhe-			2000
					FACILITY	Y INFORMATION					_	
Name of Facility Where Abatemy ROOSEVELT HOSPITAL	ent la Ta	king P	lace (3)		THE SKINATION	Type of Fadil	N (4)	-			
Street Address						200	☐ School (K-	12)				
1 ROOSEVELT DRIVE							Subchapte	6 (Other than K	2)			
Olly (5)			_				nomes, ex	:)	Percial	bulk	lings,	į.
EDISON							Squere Fmel	# of Floors	\parallel	Bldg	. Age	,
County (8)			_	To	Qunty Cod	D (7)(STATE USE ONLY)	>500,000		$\Pi = I$	75		
MIDDLE SEX				- 10		- IT ISTATE USE ONLY)	HOSPITAL	rtar it being dem	shed)		
Name of Monitoring Firm Hired by	Buildin	g Own	er (8)	PA P	CM No.	Name of Abatem	ant Contractor (E	1	Щ_			_
Street Address				2	68	DELTA/BJD	S, INC	''				
411 SOUTHGATE COURT	SHITE	=				Street Address			\vdash	_	_	_
City, State, Zip Code		_				1345 INDUS						
MICKLETON, NJ 08055						City, State, Zip C			\top			_
Project Manager for Monitoring Fir	m		T	alepho	ne No.	Telephone No.	TON, PA 18968		<u> </u>			
JACK CARNEY Start Date (10)		_		855 2	24-0080	215 322-2900)	License No. 00783				
12 / 24 / 16	Sch	eduled	Com	oleton	Date (11)	Name of D9HA N		99703	#	_		_
	_	01	′ –	14	17	CRITERION	_ABS					
Occupancy Status During Absterns Facility Closed/Vacated During	Entlan B	male d -				Street Address			-	_	_	
L AVOUTINE PROGRAM CHIEFA	of Bia	- t E	EL. II.	100		3370 PROGR	ess drive					
Tana di Piparament. Lauri.	PMIT	PM		AM	=00(154	City, State, Zip Co				_	_	-
Scope of Work (Chack all that apply	1			-		BENSALEM,	PA 19020					
≥3 9° or ≥3 M		⊠ R	lenova	ition		Full Cont	elament with Neg	ativa Pressure				
2160 af or ≥260 If			emoli	don		Mini-Enci	osure Procedure					
		1 1	8 Lco:	ation	_	☐ Non-Exer	Procedure	-Friable Proceds	u e			
Location of Asbestos-Containing Material (A	OLA	He	Norm	ally lely by		Description of			At	atem	ent T	(A)
TO BE AGATED	Civi)	M	alnian	ance/	7400	cos Containing Mat mermal systems in	erial (ACEA)	Amount	R	Repair	Enc	
IN Facility (13)		Cus	310dia (12	Slaff?	(Surfacing, VAT	07	(Spediy SF or LF)	Ramova	10	Encapsulate	-
		Yee	_		d d	other miscellaneo	us)	4. 0. 27	*			1
ATH FL DOWN TO 2" FLOOR	PIPE		×			ISULATION			#_		(1)	
				1	1.1.511	NOT NOT		10 LF			Q	I
		-	H	1=	-							[
		_	1	무	-							E
Name of Registered Waste Hauler			14	JDEP	Mari							Г
SERVICE TRANSPORT			F	lauler I	D No.	Cubic Yards of Waste	Name of Registe				-1	
City, State				2099			MINERVA L	ANDFILL				
66 FYLES LANE, NEW CASTL	E DE.	19720	0			DISPOSE DE16	City, State	RG, OH 44888				
							MATRESSU	~6, CM 44888	1			
Completed By (Print or Type) Damisn Lavalle	Titte	SOJE(Signatura	-	na De	1			_

CK1260000970

D&S Proj. #: 17-04

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

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		DEC	2	9	201	6	
The second							

								-		EC 2	9 201	Ь	1	4
Date of Notification (1)	Nar	ne of Build	ing Owner	r/Operator (2)				()	land same:					
1 2 / 2 1 / 1 6	je	nnifer bo	rja					TACOMPONENT .	ACRE	SOTS	CONT	ROL	&	+
Agencies Notified Type Notificatio		et Address								LICEN	ISING			
EPA Initial Amended														10.41
DEP Amendment #:	City	, State, Zip	Code											
☑ DOL ☐ Emergency	—	WESTFIE	LD, NJ	07090										
DOH (including		ne of Conta							Telephon	e Numbe	er			
justification)	;	ennifer b	oria						1					
Cancellation	2	VIIIII O		ITY INFORM	ATION									
Name of facility where abatement is	taking place	e (3)	1000000					Тур	e of Facility (4) I (K - 12	')			
										apter 8 (an K-1	12)	
jennifer borja Street Address									Other ((Private/	Commer			
Street Address										/Homes, # of Flo		Bld	g. Ag	
	10.1	- (C)			I Cour	nty Cod	de (7)	30	quale i cci	# 01110		1-27-27%		
City (5)	County	/ (0)				te use	500000	C	urrent Use (P	rior if be	ing dem	olished	d)	
WESTFIELD	UNIC								1 (0)					
Name of Monitoring Firm Hired by B	ldg. Owner	(8)		ASCM No.		percontactor ser	of Abatemer							
					_		S RESTO	RATIO	ON, INC.				_	
Street Address							Address	A 1/0						
	*(California / tate, Zip Cod							
City, State, Zip Code						2000	iterson, NJ (
		I Ph	one Numb	er	_		hone Number			Licens	se Numb	er		
Project Manager for Monitoring Firm		Ein	Jile Numb	C1		0.0000000000000000000000000000000000000	73-345-802				01169			
	10-6-4	Completio	n Date /11	1\	_	Name	of OSHA Mo	onitor						
Start Date (10)	Sched.	Completio	II Date (1	'/			& S Restora	ation,	Inc.				_	
01/03/17	01/20/						t Address	.						
Occupancy Status During Abatemen	it (Check on	ily one)	mont			100	California A		e					
Facility closed/vacated during Abatement performed outside	of normal fa	a of abater	S-			City, s	State, Zip Cot	ue						
Describe:		MANUS E.				Pa	aterson, NJ	07503						
Other-Describe: NORMAL H						I =	Г		Containment	w/negati	ive press	sure		
Scope of Work (check all that apply >3 sf or >3 If	() Renovation	2					Ī	Mini	-enclosure					
								Glov	rebag proced n-Exempted (*	ure	nn-friahle	nroc	edure	
≥160 sf or ≥260 lf	Demolition		used solol	vl				NOI	I-Exempled () and IN	R	R	Е	E
Location of	Is location by mainte	normally inance/cus	used solei todial		tion of	achact	os-containing		Amount		e m	e p	n	n
asbestos-containing material (acm) to be	staff(12)			- materia			03-001114111119		(Specify LF)	SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A	A LUMANTO POS					LF)		v e	l i	р	-
1 t stamped mm			1	PIPE INS	ULAT	ΓΙΟΝ			61 l ft					
BASEMENT BOILER Rm.			1	PIPE INS					33 l ft			口		무
BASEMENT BOILER Rm.		X		asbestos I	DUCT	tape			45 l ft			口	띧	빞
- DAGENERY BOILDER R.												12	빝	부
Registered Waste Hauler		EP Hauler	ID#	Cubic Yards o	of Waste	e Nar	ne of Registe	red La	ndfill ESOURCE I	RECOV	FRY			
D & S RESTORATION, INC.	135	06	Disposal	1 yd.			JLLY IOW ty, State	IN, KE	SOURCE I	ALCO V	LAK I			
City, State			Disposal 15	Date			ULLYTOW	VN, P	4					
PATERSON, NJ 07503 Completed by (Print or Type)	Title			Signature						Dat				
Completed by (Print of Type)	PRESID	FNT								20	16			

D&S Proj. #: 16-379

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

	E	G			\mathbb{V}	E	M
M		DEC	2	9	2016	e e	

									DEC	29	201	0	
Date of Notification (1)	N	ame of Bu	uilding Owr	ner/Operator (2))								
1 2 / 2 2 / 1 6	1	oaradelli	residence	2				ASE	BESTO			OL	&
Agencies Notified Type Notificat	ion St	reet Addr	ess						LIC	NSI	VIG.		
DEP Amendment #:	Ci	ty, State,	Zip Code								_		
☑ DOL ☑ Emergency		MONTO	CLAIR, N	IJ 07042									
DOH (including	Na	me of Co						Telephon	e Numbe	г		-	
☐ DCA justification) ☐ Cancellation		ken jarv	vis .					!					
				ILITY INFORMA	ATIO	N							
Name of facility where abatement is	s taking plac	ce (3)					Тур	pe of Facility (
baradelli residence								=	I (K - 12)		h a a l	(12)	
Street Address							-		apter 8 (0 Private/0			-12)	
								Bldgs./	Homes,	etc.	lolai		
							So	quare Feet	# of Floo	rs	В	dg. A	\ge
City (5)	Count	y (6)				unty Code (7)] _						
MONTCLAIR	ESS	EX			(51	ate use only)	c	urrent Use (Pi	rior if beir	ng dem	olish	ed)	
Name of Monitoring Firm Hired by E	Bldg. Owner	(8)		ASCM No.	\neg	Name of Abateme	ent Conti	ractor (9)					
						D & S RESTO	DRATIO	ON, INC.					
Street Address					_	Street Address							
						20 California	Ave.						
City, State, Zip Code					_	City, State, Zip Co	de						
						Paterson, NJ	07503						
Project Manager for Monitoring Firm		Ph	none Numb	er	_	Telephone Number			License		er		
						973-345-80				1169			
Start Date (10)	Sched.	Completion	on Date (1	1)	_	Name of OSHA M							
12/23/16	01/20/	1616				D & S Restor	ation, I	nc.	-				
Occupancy Status During Abatemen		-	Marine .		_	20 California	Avenue	2					
Facility closed/vacated during						City, State, Zip Co							
Abatement performed outside Describe:	of normal fa	cility hou	rs-			1,							
Other-Describe: NORMAL H	OURS				-	Paterson, NJ	07503						
Scope of Work (check all that apply)					· [Full C	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					[enclosure					
≥160 sf or ≥260 lf	Demolition							ebag procedur Exempted (*)		friable	nroc	edure	4
Location of	Is location			/						IR	R	Е	
asbestos-containing	by mainten staff(12)	ance/cus	todial	Descriptio	n of a	asbestos-containing		Amount	<u></u>	e m	e	n	E n
material (acm) to be abated in facility (13)			T	material (A	ACM))		(Specify S LF)	For	0	a	a	C
, , , , ,	Yes	No	N/A					,		v e	i r	р	-
2nd floor master bathroom		X		duct INSUL			8	8 sq ft		X			
2nd floor front bedroom		X		duct INSUL	ATI	ON		16 sq ft		\boxtimes			
1st floor middle wall		X		CONTRACTOR STATE OF THE PARTY O	A Section of	ION (wrap & cut		36 1 ft					
1st floor middle wall		X		DUCT WO	RK (WRAP & CUT)		10 l ft					
Registered Waste Hauler D & S RESTORATION, INC.	NJDER 1350	P Hauler I		ubic Yards of W	Vaste	Name of Registe TULLYTOW			COVE	v			
City, State			Disposal D	2 yds. Pate	-	City, State	IN, KES	OUNCE RE	COVE	(I			
PATERSON, NJ 07503			12/27/1			TULLYTOW	N, PA						
	Title			Signature			,		Date				
BOGDAN JOLDZIC	PRESIDE	NT		5.00 X					12/22	/2016			

* Do not use this form for ashestos licensure exempted activities

ACR_//1

Q4 Q4 98 D&S Proj. #: 16-380

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



							-					- 1	
Date of Notification (1)		Name of E	Building Owr	ner/Operator (2)			ACDE	STOS	CON	TRO	1 &	
1 12 1/12 13 1/11 16		richard	koory					ASDE	LICEN	ISIN(3	Lu	
Agencies Notified Type Notif	ication	Street Add	iress										
DEP Amended	d												
Amendmen	t#:	City, State	, Zip Code										
	ıcy	Moore	stown, nj	008057									
DOH (including		lame of C						Telephon	e Numbe	r			
□ DCA justificati □ Cancella		richard	l koory				- 1						
Cancella	11011			ILITY INFORM	ATIO	V				_			
Name of facility where abateme	nt is taking pl	ace (3)				Ī	Type of	Facility (4)				
	3.							Schoo	I (K - 12)				
richard koory									apter 8 (C			-12)	
Street Address								Other (Bldgs./	Private/C Homes, e	omme etc.	rcial		
							Square	Feet	# of Floo	rs	Bl	dg. A	.ge
City (5)	Cou	nty (6)			100	unty Code (7) ate use only)	0	t Hea (D	ing if bain			- d\	
Moorestown	Bui	rlington			(318	ato doc offiy)	Currer	it Use (Pi	ior if bein	y aem	UIISH	;u)	
Name of Monitoring Firm Hired				ASCM No.	\dashv	Name of Abatemen	t Contracto	r (9)					
Y23						D & S RESTOR	RATION,	INC.					
Street Address						Street Address							
						20 California A							
City, State, Zip Code						City, State, Zip Code	9						
						Paterson, NJ 0	7503						
Project Manager for Monitoring F	irm	F	Phone Numb	per		Telephone Number			License		er		
						973-345-8020			10	1169			
Start Date (10)	Sched	d. Comple	tion Date (1	1)		Name of OSHA Mo							
12/27/16	01/20	0/17				D & S Restorat	tion, inc.						
Occupancy Status During Abater					_	20 California A	vanua						
Facility closed/vacated dur			tement.			City, State, Zip Code					_	_	_
Abatement performed outs						City, State, Zip Cour	3 .1						
Describe: NORMA	L HOURS				-	Paterson, NJ 0	7503						
Scope of Work (check all that ap	oply)					Г	Full Conta	inment w	/negative	press	ure		
≥3 sf or ≥3 lf	Renovation	on				\boxtimes	Mini-enclo		-	86			
☐ >160 sf or >260 lf	Demolition						Glovebag					ā	
			y used solel	VI			Non-Exer	npted (^)	and Non-	TR	Proc	E	
Location of asbestos-containing	by mainte	enance/cu				salasatas santainina		mount		е	е	n	E
material (acm) to be	staff(12)			material (asbestos-containing	(Specify S	For	m o	p	C	n
abated in facility (13)	Yes	No	N/A					F)		V	i	a p	L
BASEMENT			\neg	BOILER IN	ISUL	ATION	57 s	ı ft		e	\mathbf{f}	П	\vdash
DITOLINET) DOIBERT	1002	2111011		1 **			Ħ	Ħ	計
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Registered Waste Hauler		EP Haule		ubic Yards of V	Vaste			17000.71		.,		_	1
D & S RESTORATION, INC	C. 135	506		2 yds.		TULLYTOWN	, RESOU	RCE RE	COVER	RY			
City, State PATERSON, NJ 07503			Disposal E 12/28/1			City, State TULLYTOWN	ΙΡΔ						
Completed by (Print or Type)	Title		- 12/20/1	Signature		1 TOLLITOWN	, 1 A		Date				
BOGDAN JOLDZIC	PRESID	ENT							12/23	/2016			

04 La32 D&S Proj. #: 17-05

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

\mathbb{D}_{Γ}	6	<u>L</u>		<u>W</u>	13	
	DEC	2	9	2016		

									DEC	29	2016	Management 1	U
Date of Notification (1)	N	ame of Bu	ilding Own	er/Operator (2))								
1 2 / 2 3 / 1 6		noomjy	residence					AS	BESTO	S CO	NTR	OL 8	L.
Agencies Notified Type Notifica		reet Addre							LIUE	IICVI:	VG.		
_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \													
Amendment #	t C	ty, State, 2	Zip Code										
DOL Emergency		Upper M	fontclair,	NJ 07043									1/-
DOH (including justification	l Na	me of Cor						Telephor	e Number				
DCA Cancellation	*	andrea p	ahl					k					
Cancellatio	,,, <u> </u>		0.400,000	ILITY INFORM	MOITA	N							
Name of facility where abatement	is taking pla	ce (3)	7/22/22				Тур	e of Facility					
ma omiv regidence								=	ol (K - 12)	4141-	V	40\	
moomjy residence Street Address									apter 8 (C (Private/C			12)	
Street Address								Bldgs.	Homes, e	tc.			
							Squ	uare Feet	# of Floor	s	Blo	g. Ag	je
City (5)	Coun	ty (6)				unty Code (7) ate use only)	_		ole o 16 houle		aliaha	۵۱\	
Upper Montclair	ESS	FX			(318	ate use only)	Cu	rrent Use (P	rior it bein	g aem	olisne	a)	
Name of Monitoring Firm Hired by		TOTAL CONTRACTOR OF THE PARTY O		ASCM No.	' 	Name of Abatemen	t Contra	actor (9)					
						D & S RESTOR	RATIO	N, INC.					
Street Address					-	Street Address							
						20 California A	ve.						
City, State, Zip Code						City, State, Zip Code	9						
						Paterson, NJ 0	7503						
Project Manager for Monitoring Fire	m	Ph	one Numb	er		Telephone Number			License		er		
						973-345-8020				1169			
Start Date (10)	Sched.	Completion	on Date (1	1)	_	Name of OSHA Mo D & S Restora		nc.					
01/05/16	01/20	/17				Street Address	11011, 11						
Occupancy Status During Abateme	ent (Check or	nly one)				20 California A	venue						
Facility closed/vacated durin						City, State, Zip Cod	е						
Abatement performed outsid Describe:		acility hou	rs-										
Other-Describe: NORMAL	HOURS				_	Paterson, NJ 0							
Scope of Work (check all that app	ly)					E		ontainment v	v/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation	n				×		nclosure bag procedu	ire				
≥160 sf or ≥260 lf	Demolition					. [Exempted (*)			proce	dure	
Location of	Is location by mainte		used solely	y						R	R	E n	Е
asbestos-containing material (acm) to be	staff(12)	nance/cus	todiai	Descripti material		asbestos-containing		Amount (Specify S	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)		o v	a i	a p	L
			1	PIPE INSU	ΙΔΤ	ION	12	7 l ft		e		П	\vdash
garage				I	LAI	ION		7 1 11		H	H	+	Ħ
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				1									
Registered Waste Hauler		P Hauler		Cubic Yards of	Waste				ECOVET	v			
D & S RESTORATION, INC	. 135	UO	Disposal D	l yd. Date		TULLYTOWN City, State	, KES	OURCE R	ECUVER	1			
City, State PATERSON, NJ 07503			01/06/1			TULLYTOW?	N, PA						
Completed by (Print or Type)	Title			Signature		1	,		Date				
BOGDAN JOLDZIC	PRESID	ENT							12/23/	2016			
	* Do not 1100	thin form	for achort	or licensure or	compto	ad activities							_



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

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1151	$ U _{\Gamma}$	5	0		П	U		

V1 1000				(i u	ISuan	t to Non	0 0.00 ana 0.10	-1						
Date of Notification (1)				Name of Building Owner/Operator (DEC		201	16		
12 / 27 / 16			16			Robert Wood Johnson Hospital / Job #1612-5096 Check #8854								
Agencies Notified Type Notification				-	Street Address ASBESTOS CONTROL									
⊠ EPA	Notified						Wood Johnson	LICENSING						
☑ DOLWD ☐ Amended				City, State, Zip Code										
				New Brunswick, NJ 08901										
☐ DCA ☐ Emergency (including			ļ	Name of Contact Telephone Number										
(NJAC 5:23-8) justification)				Name of College										
☐ Cancellation					Kristen Bell FACILITY INFORMATION									
2		.,,,												
Name of Facility Where Abatement is Taking Place (3)								Type of Facility (4)						
Robert Wood Johnson Hospital								School (K-12)						
Street Address					— ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings						S			
One Robert Wood Johnson Place								homes, etc.)						
City (5)								Square Feet	# of Floors	BI	dg. Ag	je		
New Brunswick														
County (6)					County Code (7)(STATE USE ONLY)			Current Use (Price	or if being demol	lished)				
					Ocui	ity oodo (i	,(011112 002 01121)	Hospital						
Middlesex				ASCM	No	Name of Abateme								
				ASCIVI	NO.	7,412,121,471,471,471,471,471,471,471,471								
Omega Environmental				AbateTech,			iic.					_		
Street Address					Street Address			- DO D 05						
280 Huylar Street					30 Maple Ave									
City, State, Zip Code					City, State, Zip Co									
South Hackensack, NJ 07606						Lumberton, NJ 08048								
Project Manager for Monitoring Firm Tele					phone	No.	Telephone No.	License No.						
				1-489	-8700	609-265-2107		00529						
Start Date (10) Scheduled Comple				ion Da	te (11)	Name of OSHA Monitor								
1/_9_/_171_/_14				/17 EMSL Analy			ical							
Occupancy Status During Abatement (Check only one)							Street Address							
Facility Closed/Vacated During Entire Period of Abaten					nent									
☐ Abatement Performed Outside of Normal Facility Hour								CONTRACTOR AND					-	
Time of Abatement:AMPM/PM-														
	11111						Cililatiiiisoi	1, 145 00077					-	
Scope of Work (Check all	that apply)						☐ Full Conf	tainment with Neg	ative Pressure					
☐ ≥3 sf or ≥3 if ☐ Renovati					n Mini-Enclosure									
≥160 sf or ≥260 lf □ Demolitio														
												T.		
Is Location of Normal							Description				1		1000	
Location of Asbestos-Containing Material (ACM) TO BE ABATED					ly by	Ashe	Description o stos Containing Ma		Amount	Remova	Repair	Enc	Enclosure	
			Maintenan Custodial St (12)				., thermal systems	insulation,	(Specify	Nou	air	aps	losi	
IN Facility							surfacing, VAT					Encapsulate	are	
(13)				No	N/A	1	other miscellaneous)					te		
			es	508850		W-100	No. 102		4 400 0=					
2 nd Floor Administration Area						Floor T	ile & mastic		1,400 SF		Ш	Ш	Ш	
		IF												
												П		
			1							-1-	1] [
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Traine of Rogictorou France France					JDEP \		Cubic Yards of	Name of Regist						
AbateTech, Inc.			auler II		Waste	G.R.O.W.S.	Landfill							
City, State				10/50	8750 40 City, State									
Lumberton, NJ					1/14/17 Tullytown, PA									
										Date	ate .			
Completed By (Print or Type) Title						Signature	12/27/16				6			
Gwendolyn Trumbetti Operations (nator	(/Y)	W 12/2				1.		