STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

10						S' NOTIFICAT (PURSUAN		BESTO	SAL	BATEMEN	E 1	Leek			1/8			
Date of No.				Name of Building Owner / Operator (First Energy Street Address				ator (2)		JAN S	9 23	5						
Agencies	Notified	Type of	Noti	fication	on		76 South S	Street			¥)	į			#			
	EPA DEP			nitial	امما		City, State				ŧ	ASI			1. 2. Et			
	DOH	V	-	mend	lea Iment _	1	Akron, Oh	The same of the sa	-		- 1				weeks to be a second	i naganar		
	DOL		E	merge		/ justification	Jim Halse											
						F	ACILITY IN	FORMA	TIO	N								
Name of Facility Where Abatement is Taking Place (3)								Type of		cility (4) School (K-	.12)			-				
Street Add	dress		_						1		er 8 (Other 1	than K-12)			- 1		
MONROE	AVE & MAII	N STRE	ET IN	ITERS	SECTIO	N .		V	8		private & d							
City (5) ASBURY F	PARK	County MONMO		1		County Code	(7)	Square			# Of Floors Building Age							
								Current	nt Use (Prior if being demolished)									
Name of N	Monitoring F	irm Hir	ed b	y Bldg	a. Own	er (8)	IASCM NO		ne	Pole						\dashv		
Environme	ntal Health	Investiga	ations	3		555 C V (10 C)		NORTH	STA	AR CONTR	ACTING GI	ROUP. IN	C.					
Street Add	200							Street A	Add	ress								
655 West 8 City, State	, Zip Code							32 Willia	ams	Parkway						- 1		
Sparta, NJ	07871								/, State, Zip Code							\neg		
Project Mr Dino Napp	ngr. For Mo	nitoring	Firr	n		Telephone Nu 212-682-9271	mber	East Us	East Hanover, NJ 07036							- 1		
		(10)	Is	ched.	Comp		1)		ephone Number License Number							-		
Sheduled Start Date (10)						/	15							00860				
Occupano					Name o	of O	SHA Monit											
	Facility Clo	The second second second	cate	d Duri	ing Ent	ire Period of		NORTHSTAR CONTRACTING GROUP. INC. Street Address								_		
			med	Outsi	de of N	lormal Facility		Street	Addiess									
_				riday	8:00 ar	n to 5;00 pm		_	Williams Parkway									
V	Other - De	scribe:						City, State, Zip Code East Hanover, NJ 07036								- 1		
Scope of \	Work (Chec	k All Th	at A	pply)				Edot 116		01,110 070						\neg		
	Demolition]	Renovation		Full Containment with Negative Pressure								- 1		
	>3sf or >3l							Mini - E		osure Procedure						- 1		
Ш	≥160 sf or	≥260 IT							_		d Non-Frial	ole Proce	dure			- 1		
																_		
	Location of stos Conta	2			s ation	Λ.	Descripti sbestos - C	Sec. 100. 100. 100.	חמ			Abatemer R	nt Type	E	İΕ			
ASDC	Stos Conta	ming	1		nally	"	Material		9		Amount	E	R	N	N	- 1		
TC	BE ABATI	ED		100000	ed		e., thermal				(Specify	M	E	C	C			
	in Facility (13)				lely Iain-		lation, surf			,	SF or LF)	O V	P A	A P	6			
	(,		1	tena	nce/				,			A	1	s	s			
					odial f (12)							L	R	U	U R	1		
	-		+	-	IQ N/A				_					+	1	\neg		
Exterior Te	elephone Po	le				Transite Condu	uit				40 LF	[J]						
			1													\dashv		
			+		##								H	1 1	+ +	-		
Name of R	Registered \	Waste H	aule	r	110	NJDEP Waste Hauler ID No.	Cubic Yards	Name of	of R	egistered l	_andfill					٦		
014 01						4509	of Waste	Cit. C	ha4-									
City, State NEWARK,							Disposal Date	City. St BETHL		EM, PA 181	05							
Complete	d by (Print	or Type)			Title			4	Signature	O) (`	Date		\neg		
Steven Stil	les					Project Manag	er			\J	100]		1	01	1/28/15			

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

D&S Proj. #: 15=30

EMERGENCY JOB CHECK# 005795

2015 JULY 29 AMIC: 55 Name of Building Owner/Operator (2) Date of Notification (1) 0 11 1/1 16 1/1 15 Marie Albanese Type Notification Agencies Notified Street Address Initial EPA 557 Schuyler Avenue Amended DEP City, State, Zip Code Amendment #: X DOL **Emergency** Kearny, New Jersey, 07032 (including DOH Name of Contact Telephone Number justification) T DCA Marie Albanese Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Residence Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 557 Schuyler Avenue Square Feet | # of Floors Blda. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Hudson Kearny 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 Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 1/16/15 1/17/15 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 lf Mini-enclosure Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Ε Lecation of Ε e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing FI m staff(12) D C (Specify SF or material (acm) to be material (ACM) C 0 а а abated in facility (13) Yes No N/A p Pipe Insulation 60 LF Basement Garage Pipe Insulation 80 LF Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# 13506 D & S RESTORATION, INC. TULLYTOWN, RESOURCE RECOVERY 3 CY Disposal Date City, State PATERSON, NJ 07503 1/28/15 TULLYTOWN, PA Signature Completed by (Print or Type) Date **BOGDAN JOLDZIC** PRESIDENT 1/16/15

Do not use this form for ashestos licensure exempted activities

CK 005797

D&S Proj. #: 15-32

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

							Mise in								
Date of Notification (1)		Name of Building Owner/Operator (2)													
10 11 / 119 / 115		Henry Nakamura													
Agencies Notified Type Notificat Initial	ion S	treet Addre	200.0			*	& LICE	North C	1.1						
DEP Amended		57 Willow													
DOL Amendment #:	11	City, State, Zip Code													
DOH Emergency (including	1	Glen Ridge, NJ 07028 Name of Contact Telephone Number													
justification)	II ^N	ame of Con	niinet												
☐ DCA ☐ Cancellation		Henry N	akamura	51 5551											
			FAC	ILITY INFORM	ATION	V									
Name of facility where abatement is	s taking pla	ice (3)					Type of Facility	(4) ool (K - 12)							
Residence								hapter 8 (C	thar th	oon K	12)				
Street Address						Other	(Private/C s./Homes, e	omme		12)					
57 Willow Street							Square Feet	# of Floor		Blo	ig. A	ge			
City (5)	Cour	ity (6)			Cou	inty Code (7)									
					(Sta	State use only) Current Use (Prior if being demolished)									
Glen Ridge Name of Monitoring Firm Hired by B	Essi			ASCM No.	L	Name of Abatement C	Contractor (9)								
	siag. Owne	1 (0)	1		Name of Abatement Contractor (9)										
N/A Street Address			l	-	D & S RESTORATION, INC. Street Address										
Oli eel Address					20 California Ave.										
City, State, Zip Code				-	City, State, Zip Code	C.	******************	100		-					
,,,						Paterson, NJ 075	503								
Project Manager for Monitoring Firm		Pho	er	-	Telephone Number		License	Numb	er						
			-			973-345-8020		0	1169						
Start Date (10)	ISched	. Completio	_	Name of OSHA Monitor											
60.000000000000000000000000000000000000						D & S Restoration, Inc. Street Address									
1/20/15 Occupancy Status During Abatemen	1/23/														
Facility closed/vacated during	277		ment			20 California Avenue City, State, Zip Code									
Abatement performed outside						Oity, State, Zip Code									
Describe: NORMAL H	OURS				-	Paterson, NJ 07503									
Scope of Work (check all that apply							ull Containment	w/negative	press	ure					
	Renovatio	n				Surgares 6	/lini-enclosure	www	ргоос	0.0					
	Demolition					Glovebag procedure Non-Exempted (*) and Non-friable procedure									
		normally u	rielas hesi	1			Non-Exempted () and Non-	TR	Proce	E	$\overline{}$			
Location of asbestos-containing	by mainte	nance/cust		100	on of a	sbestos-containing	Amount		e	е	n	E n			
material (acm) to be	staff(12)		T	material (SDESIOS-CONTAINING	(Specify	SF or	m o	p a	c	C			
abated in facility (13)	Yes	No	N/A				LF)		v e	i	р	-			
Basement		X		Boiler Insu	lation		42 SF		×						
Basement		X		Pipe Insula	tion		120 LF		X						
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler II 06		ubic Yards of V	Vaste	Name of Registered TULLYTOWN, I		ECOVER	Y	-					
City, State			Disposal D			City, State									
PATERSON, NJ 07503			1/28	/15		TULLYTOWN, PA									
Completed by (Print or Type)	Title			Signature		Date									
BOGDAN JOLDZIC	PRESID	ENT	ar ash	la liaces	omnto	1/19/15									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CK#24719

Date of Notification (1)			Name of Building Owner/Operator (2015 JAN 29 AM 12: 29												
1/26/2015		1	DANIEL BARSKY												
Agencies Notified	Type Notificat	ion			Street Address ASHESTAS CONTRACTOR										
□ EPA	1X) Initial			Street Address 45825105 CONTRAL 12-14 DORANN AVENUE & LICENSING											
□ DEP	Amende	d Amer	dment	#	City, State, Zip Code										
DOL	Emerger	ncy (inc	luding												
□ DOH	justificat				PRINCETO Name of Con		Telephone Number								
DCA	Cancella				DAVID J. D	'ANDRE	English and the second of the								
					ACILITY IN										
Name of Facility Where Al	patement is Ta	king Pla	ace (3)					Type of Facility (4)							
PRIVATE RESIDENCE		0						School (K-12)							
Street Address	·							Subchapter 8 (Othe	ther than K-12)						
12-14 DORANN AVENU	TE							Other (i.e., private 8	ate & commercial buildings)						
City (5)	J.E.	B (20) 1 (2) - (1		17							Bldg.				
PRINCETON															
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng der	nolish	ned)				
MERCER						V. / V V C C C C C C									
Name of Monitoring Firm I	Hired by Buildin	na Own	er (8)		ASCM No.	Name of	Abatement Contr	ractor (9)			-				
realite of Monitoring Filling	mod by bandi	ng Oun	o, (o)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			RONMENTAL INC.	STAL INC						
Street Address		-				Street Ad		teoritisas (xx22 11 / c)	n.c.						
Otleet Address						100000000000000000000000000000000000000	CK FOREST R	AD							
						1	te, Zip Code								
						Access 1888 research	TON, NJ 08691	1							
Project Manager for Monit	oring Firm	Talanh	none N	2		Telephor			Licen	se No).				
Project Manager for Month	IOHE IN	J.		609-890			0067								
Start Data (10)		School	ulod C	omoleti	ion Date (11)		OSHA Monitor		0007						
Start Date (10)		Poster average		Jitipieu	on Date (11)										
1/30/2015 Qcupancy Status During	Abstament /C	2/2/20			AMERITECH Street Address										
V					nt		UM POINT RO	AD CHITE 7							
Facility Closed/Vacat				Dateme	\$11L		te, Zip Code	AD, SUITE /		-					
Abatement performed ou	itside of workii	ig nours													
EXTERIOR WORK	that apply					BRICK	, NJ 08723	Full Containment w	ith Ne	aative	Pres	sure			
Scope of Work (Check all	tnat apply)				☐ Renova	tion		Mini-Enclosure	101110	guire	, , , , , ,	ouro			
$\boxed{ \qquad \geq 3 \text{ sf or } \geq 3 \text{ lf} }$					Demolit			Glovebag Procedur	Φ.						
≥ 160 sf or ≥ 260 lf					Demonit	1011		☐ Non-Exempted (*) 8		-Friah	le Pro	cedur			
		1 1-	Landi		1			Abatement Type							
		1	Locati mally l		Description	n of Asbes	stos Containing		7 ibutt	1	-				
Location of Asbestos-			Solely b				hermal systems	Amount (Specify SF or	Re	R	Encapsulate	Enclosure			
Material (ACM) TO BE Facility (13)		Mainte	enance	/Custo			, VAT, or other	LF)	Remova	Repair	psu	los			
Facility (15)	1		Staff?		1	miscellane	eous)		Val	=	ulati	ure			
		Yes	No	N/A		ampia		1000 CO TOT	X		(D)				
EXTERIOR			X		TRANSITE	SIDING		1900 SQ. FT.	Λ	_	-				
									-	-					
									-	-					
					NJDEP Waste		Cubic Yards of	Name of Pegistered La	ndfill						
Name of Registered Was	te Hauler				Hauler ID No.		Waste	Name of Registered Landfill							
TIMSTER TRUCKING			21079		10 YDS,	TULLYTOWN									
City, State				-	12.0.0		Disposal Date	City, State							
	002						2/4/2015	TULLYTOWN, PA.							
WEST CREEK, NJ 080 Completed By	074	Title				Signatur		(1)	Date			TELLER			
		-	SIDEN	т		10	wil	X Mendie	1/26	2015					
DAVID D'ANDREA		TREA	DEN	1		1/0		, , , ,							

^{*} 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)

JAN 2 0 come

Date of Notification (1)					Name of Building O	10	(J)	MIN &	J LUK)	11				
	4/2015	CHECK # 234			Name of Building Own	er/Operator	(2)								
Agencies Notified IXI EPA		Notification Initial N		1	Street Address Northvale Board of Education City, State, Zip Code										
DCA		☐ Amende	d #		AA1 Tannan Dood No		The Designation	PRODUCTION STORY	-	Terrat Tanas as	e -cuesad				
⊠ DOL		☐ Emerger	ncy notifi	cation (including	441 Tappan Road, No	orthvale, N.									
⊠ DEP		justification	1)	The state of the s	- TOTTO OF COTILECT		Te	lephone N	Vumber						
⊠DOH		☐ Cancelle	ed		Deborah Trainor		- 1								
				FACILITY	INFORMATION										
Name of Facility Where A	batement is	Taking Place	(3)		Type of Facility (4)										
Northvale Public Schoo	l Media Cen	ter													
Street Address					□ Subchapter 8 (other than K-12)										
441 Tappan Road					Other (i.e. private & co	mmercial b	uildings	homes. e	etc.)						
					Sq. Feet: NA # o	of Floors:	Bldg. A	Age:	,						
City (5)	County (6)		County	/ Code (7)	⊢		200	-							
Northvale	Bergen			Use Only)	Current Use (prior if be	ing demolis	hed):								
			216m2-512				(5.0								
Name of Monitoring Firm	Hired by Bld	g. Owner (8)	ASCM	No.	Name of Contractor (9)				- 11						
N/A					Panoramic Window &	Door Syet	ame Inc								
					and a special life.										
Street Address					Street Address										
					712 Sergeantsville Ro	ad									
City Otata 71 O 1]										
City, State, Zip Code					City State, ZipCode										
					Stockton, NJ 08559										
Decis et M.															
Project Manager for Monit	Telephone I	<u>Number</u>		Telephone Number		Lice	ense Num	hor							
					732-926-0900			niec Mulli	DEI						
Scheduled Start Date (10)		0.1.1.1					012	37							
Scheduled Start Date (10)		Scheduled (Completion	on Date (11)	Name of OSHA Monitor										
02/06/2015			กวเกอเว	045	MJ Consulting LLC										
Occupancy Status During	Abatement (Chack only or	02/08/2	015	Street Address										
☐ Facility Closed/Vacated	During Entir	e Period of Al	<u>ie)</u> natement		Street Address 87 Main Street										
Abatement Performed O	utside of No	mal Facility F	lours -		of Mail Street										
Describe					City State 7in Cod-										
					City, State, Zip Code Lincoln Park, NJ 07038	-									
□Other – Describe:					Lincoln Fark, No 0703	9									
Source of Work (Check all	that apply														
Godice of VVOIR (Check all	triat apply)														
$\boxtimes \ge 3 \text{ sf or } \ge 3$	If			□ Renovation											
□ ≥ 160 sf or >	260 If			□ Demolition		lini-Enclosu									
				_ = ===================================		lovebag Pro Non-Friable	Dropod	ura Audard							
Location of Asbestos-	I le l c	cation Norma	lls. I	Description of	A-1	TTOTH Habi		me (wind	ow grazii	ng)					
Containing Material (ACM)	in User	Solely by	··y	(ACM) (i.e. the	Asbestos Containing Materia ermal systems insulation,		ount	Abatement Type							
Facility (13)	Main	t./Custodial S	taff?	Surfacing VAT	, or other misc.)	(Sp	ecify SF			2 121					
	(12)			oundoing, var	, or other misc.)	orl	·L)	Remove	Repair I	Repair Encap Enclose					
	YES	NO NO	NA			- 1									
Media Center Panoramic			₩	Window Glazi	ng	100	If	*		_					
Window		1 1						1 -	1	1	1				
								-	+	-					
									+	+	-				
Name of Reg. Waste Haule	er I	NJDEP Was	· ID#	Cubic Yards of Waste		Nam	e of Regis	etored !	ondell						
W					Less than 1		T.R.F		SICIEU L	ariuiiii					
Waste Management of PA	inc.						1.10.1	C.1.							
Morrisville PA 19401						Disposal	Date	1	City, Star	to					
						Dioposal	Date		Fullytown						
						02/08/20	15		any town						
Completed by (Print or Type	e) T	Title			Signatura	17									
Mark M Jovic	-	Consultant			Signature	/	Date		-						
					01/24/2015										
					-										

NO CK

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

Date of Notification (1)					Name	of Buildin	a Owner!	norotor /	2)	11- 11-			omates:	- 12		
1/_	21 /	1 / 15				nceton U		100			Ų.		5 1			
Agencies Notified	Type Noti	fication		- 1.7 1.	Street	Address				1111			-			
⊠ EPA ⊠ DOLWD	☐ Initial					MacMill	an Build	ling		JAN 29	SVID		20	1		
☑ DHSS		1985	2		City, S	State, Zip C	Code		12					1		
☑ DH33		Amendment #2 Emergency (including Princeton, NJ 085								SHER.				ļ		
(NJAC 5:23-8)		mergency (including ustification) Name of Contact							A section as a	Telephone Num	200			-		
(1.0.10 0.20 0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ancellation Bob Ortega								Telephone Ivum	Je!	rithte :	At Se	-Ē		
FACILITY INFORMATION																
Name of Facility Where A	batement i	s Taking	Place	(3)				1.014	Type of Facility	/A\	- 134					
701 Forrestal Road	1			(0)												
Street Address	1	a man	onop					-								
701 Forrestal Road										8 (Other than K-12 private and commer)		ıilding	js,			
City (5)						/			Square Feet	# of Floors	BI	dg. A	ne			
Princeton						1-0			3200	3	1 (88)	60	90			
County (6)	1				Cour	ty Code (7)(STATE US	SE ONLY)	Current Use (Pr	rior if being demolis	hed)					
Mercer		89							(Empty)							
Name of Monitoring Firm	Hired by B	uildina ()wner (8) [ASCM	No	Name of	f Ahateme	ent Contractor (9	\	200					
Cardno ATC	,			٠,	0009		No. of the last of	and the same of	one contractor (o	,						
Street Address	-				0000			Luzon, Inc.								
3 Terri Lane							Street A	Charles and Carlo								
City, State, Zip Code			Linda -					Executive Ave.								
Burlington NJ. 08016								ate, Zip Code delphia , Pa. 19153								
Project Manager for Monit			101111111111111111111111111111111111111	Tele	phone	No		phone No. License No.								
					9-386		and the same	84-1050		01109						
Start Date (10) Scheduled Comp							NAME OF	OSHA M	The second secon	01103	- 1	-				
							III - I - I - I - I - I - I - I - I - I	oh Maro								
Occupancy Status During		-			Street Address								_			
☐ Facility Closed/Vacate		nent			1	ve Avenue										
☐ Abatement Performed Outside of Normal Facility						cribe	100000000000000000000000000000000000000	te, Zip Co			19					
Time of Abatement: 7:	00AM-4:0	0PM/_	PI	/I	AM		100		Pa. 19153							
Scope of Work (Check all	that apply)						-					-				
≥3 sf or ≥3 lf			⊠ Rei	novoti.	nn.			Full Containment with Negative Pressure Mini-Enclosure								
≥160 sf or ≥260 lf				nolitio			_	Glovebag Procedure								
						mpted (*) and No	e									
			7753	Locati							Ab	batement Type				
Location of				lormal				cription o		(4))	70	D	т	Ш		
Asbestos-Containing N		CM)	F00000000	d Sole ntena					terial (ACM)	Amount	em	Repair	nc	ncl		
TO BE ABAT	-			odial S		(i.e			insulation,	(Specify	Removal	≌-	sde	Enclosure		
(13)	,			(12)		surfacing, VAT other miscelland				SF or LF)	<u>a</u>	10.5	Encapsulate	Ге		
-			Yes	No	N/A		Control of the Control						Ō			
First Floor Rooms 27,	29,33					Floor Ti	ile and M	lastic		1,200 SF						
						Fittings	on Fibe	rglass		6LF						
First Floor Men's Res	troom					Fittings	on Fibe	rglass L	ines	26LF						
First Floor Entryways	27,29,33					Floor Ti	ile and N	astic No	on_Friable	20 SF						
Name of Registered Waste	e Hauler			1 1 2 2 2 2 3	JDEP V	0.000.000.000	Cubic Ya	rds of	Name of Regis	stered Landfill						
Luzon, Inc.					auler IE 32587		Waste 40 CY	s.	Grows Lar	ndfill						
City, State							Disposal		City, State							
8451 Executive Aver	nue, Phila	a., PA 1	9153				2/15/1	5 .	Tullytown,	PA	,	1				
Completed By (Print or Ty	pe)	Title					Şigi	nature	11 . 1-10	Da	te/	1	,			
Piyush Patel		P	rogran	n Mai	nager			THIN	My Yollela		1/2	1/1	5			
SB-41	-	-		T		72.			- 4		-	1				

ASB-41 MAY 11

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