Print Form

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

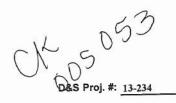
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EDS13-122			NOTIFI (P	CATIO	OF ASSI	ESTOS	ABATE	MENT ))	r 46 Mar	, 417	Chec					
Date of Notification (1)					d Building						3.0	,				
6-21-13	T 11 114 11		_		nfield I	Publi	c Sch	001	5/2	7.8	., Ç.		_			
Agencies Notified	Type Notification				oddress Park	Avon	110		12.	(d <sup>*</sup> 1	,					
EPA DEP	Initial Amended		ŀ		ste, Zip Co		-	_			·		_		-	
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K DOH C DCA	Emergency (in justification)	RO-OUTING	1		f Contact					Tek	iphone i	<b>Amm</b>	¥.			
DCA DCA	Cancellation				old Geo		10N									
Name of Facility Where A	Abatement is Taking	Place (	3)	FAC	OTTIME	JACOBA I	ION	Туре	of Facility	(4)		-			-	_
Plainfield High	School								School (K							
Street Address								K	Subchapte Other (Le.				nellic	Sinos	hom	-
950 Park Avenu	ne e								etc.)	# CATCO (SCHOOL)	Floors					
Plainfield									5000	>01	3			ldg. A 40+	•	
County (8)			$\neg$		Code (7)				ent Use (Pr	for If being		lished		107	-	—
Union					USE ONLY)						87.0		3			_
Name of Monitoring Firm		wner (8)	)	ASCI					stement Co		(9)					
TTI Environmen	ıtal			1 000	003		Street	Gro	oup, Inc	<u>.                                    </u>						
1253 North Chu	rch St						140	Ha	mburg	Tump	ike					
City, State, Zip Code							City, S	lole, 2	ip Code							_
Moorestown N. Project Manager for Mon	J 08057			Telepho	N-		Bloc		ngdale,	NJ 0						
Mary Ellen Leo			- 1		40-880	00			10. D-9725		Ucense 010					
Start Date (10)	II.a	Schedul			Date (11)				U-9//25 HA Manitor		010	0~	-	-	-	
6-28-13 at 4:00	pm	7-15					GL	Gro	up. Inc							2-20
Occupancy Status During																
Facility Closed/Vacs Abatement Performs							140 City, St	Hai	mburg	lump	ike		_			
Other - Describe: _									ngdale.	NJ 0	7403					
Scope of Work (Check All	That Apply)															
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Location			lame!	4		Des	soription	of				L	_	Ту	<b>P0</b>	_
Asbestos-Containing I TO BE ABA		Ma	d Solel Intenan	ce/			isining M systems				nount	١,		_	5	m
In Fection (13)		Cus	lodial 5 (12)	LDN7	•	curte	ding, VAT	r, ar	ensember		or LF)	1000		Repair	Encapsulat	Endowre
11-7		Yes	No	N/A				,				i	1	-	iste	2
Phase III Room	112		Х		Pino	Ineu	lation			7 EH	tings	٦,	7	$\neg$	_	Н
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Room JC 107			x		2002		lation			15 Fi	and desirates	_	-+	$\neg$		
Room 108 GS			X				lation				ittings	_	-	-		
Name of Registered Wast	le Hauler		N.	DEP W	asie	Cubic	Yards		Name of				1			-
GL Group, Inc.				10330.		of We			Grow	s						
City. State					-		al Date		City. Sta			_	-		-	_
Bloomingdale, I	NJ	-				TBI	-			sville,		D. L				
Completed by Michael B. Sola	kov	P.M				S	ignature	100	1			Date 6-2	1-	13	- 5950	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)

### CONTINUATION SHEET

		1	NOTTE (Purs	State of New Jersey TCATTON OF ASBESTOS ABATES Want to NJAC 8-60-7 AND 12:12	MENT 0-7)					
50015 455				CONTINUATION SHEET		pa	ge 2 of	2		
EDS13-122						_Ch	eck i	ŧ	1/2 6	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	AGE A	etion No Used Salely by sintenen Custodia Staff (12)	oe el	Description of Asbestos-Containing Materiel (ACNI) (Le. thermal systems, insulation, surfacing, VAT, or other misostlaneous)	Amount (Specify SF or LF)	R E M O V	Abeter E P A	E N C A P S	Po E N C L O S J	: ?
	Yes	No	N/A			A	I R	U	R	
Phase IV						·	<u> </u>	+		
Classroom 158		X		Pipe Insulation	20 Fittings	X		-	<del>-</del>	
(Day Care Center)								1	<del>                                     </del>	
Exterior Breezeway					1		_	-	<del> </del>	
Connector by Exit 10		X		Pipe insulation	40 Fittings	Х				
Phase V			+							
Classroom 114		X		Pipe Insulation	20 Fittings	X		_		
Classroom 116		X		Pipe Insulation	35 Fittings	X	_	_		
Hallway Adjacent to		X		Pipe Insulation	6 Fittings	X	_	-		
Classroom 171			1	The state of the s	O i ittings			_		
allway Adjacent to		X		Pipe Insulation	6 Fittings	×	-			
kit by Classroom 165		1		- Constitution				_	_	
allway Adjacent to		X		Pipe Insulation	10 Fittings	X				
assroom 162 by Steps		$\dashv$	4			^				
Amendment #1			$\dashv$							
Additional Work			1			_		-		
Main Hallway		X	1	Pipe Insulation	61 Fittings	~		-		
				The state of the s	VI I IUIIUS	^				
Amendment #2								_		
Breezeway areas								$\neg$		
are excluded	T					_		_		

Completed By: (Print or Type) Michael B. Solakov	P.M.	Signature	Deta 6-21-13
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## State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 13-234			(Pursua	State of tion of Asb nt to NJAC	estos	Aba and	tement 12:120)	ie.	2613 My 10	3) <sub>2</sub>				
Date of Notification (1)				/Operator (2)					~ 470gg 111	(G)	دي:			
Agencies Notified Type Notification			BRADI	E		_		_	*17	7-7-			_	-
Agencies Notified Type Notification  EPA Initial		et Addres							- 71	9 4				
☐ DEP ☐ Amended	1 1 1 2 2 2 2	726 HEL	EN STRI	SEI	_									
Amendment #:_	11													
DOH Emergency		WALL, N							Telephone	Number				
justification)		TENNITE	R BRAD	N F					,					
Cancellation		ENNIT			ATION			_						
			FACIL	ITY INFORM	ATION	•		П	Type of Facility (4)		_			
Name of facility where abatement is	aking place	e (3)						П	School	(K - 12)				
Private Residence								11		oter 8 (Ot			2)	
Street Address								П	Other (P Bldgs./H	rivate/Co omes, etc		lai		
15 MAYFAIR PLACE								H	Square Feet #	of Floors	3	Bld	g. Age	;
City (5)	County	y (6)					ode (7)					E-b-	٦/	_
	DAG	CATC			(Sta	ate use	e only)	П	Current Use (Price	or it being	aemo	iisned	1)	- 384000-00
CLIFTON  Name of Monitoring Firm Hired by B	PASS Idg. Owner			ASCM No.	-	Nam	ne of Abateme	ent C	contractor (9)					
Name of Montoning 1 mm 1 mod 2)	-3		1			D	& S RESTO	)RA	TION, INC.					
Street Address						1978.00	et Address	980						
							0 California	_	e.			_		_
City, State, Zip Code						7,500	State, Zip Co		:03					
		IDA	one Numb	or			Paterson, NJ phone Number		003	License	Numb	er		
Project Manager for Monitoring Firm			one Numb	CI			973-345-80			0	1169			
Ot 4 Data (40)	Sched	Completic	on Date (1	1)	_	0399303	ne of OSHA M							
Start Date (10)	100000000000000000000000000000000000000		,				& S Restor	ratio	on, Inc.				_	_
7/17/2013 Occupancy Status During Abatement	7/19/2				-		0 California	Av	enue					
☐ Facility closed/vacated during	entire perio	d of abate	ement.				, State, Zip Co							
Abatement performed outside	of normal f	acility hou	rs-											
Describe: NORMAL He	OURS				=	]	Paterson, NJ							_
Scope of Work (check all that apply								=	ull Containment w Mini-enclosure	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation	n						卤	Glovebag procedur	e			m-own tennin	
≥160 sf or ≥260 lf	Demolition								Non-Exempted (*)	and Non-	-friable	Proce	edure E	
Location of	Is location	n normally enance/cus	used sole	CO. 1. J.			otos pontainin	~	Amount		e m	е	n	E n
asbestos-containing material (acm) to be	staff(12)		_	Descrip materia			stos-containin	y	(Specify S	F or	0	p a	a	C L
abated in facility (13)	Yes	No	N/A						",		v e	1	р	_
Garage		X	1	PIPE INS	ULA	TION	I		52 L F		N N		믝	뮈
Catago									_		井	片	붜	ዙ
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San Marke Houles	INUD	EP Hauler	ID# I	Cubic Yards o	f Wast	te N	ame of Regist	erec	Landfill		-1			1
Registered Waste Hauler D & S RESTORATION, INC.	135			2 CY			TULLYTOV	VN,	RESOURCE RI	ECOVE	RY			
City, State			Disposal	Date 25/13		- 1	City, State TULLYTO	WNI	PA					
PATERSON, NJ 07503	T#1-		·L ————	Signature	_		TOLLTTO	11.14	,	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	DENT								7/03/	2013			
ASB-41	* Do not us	se this form	n for asbes	tos licensure	exemp	oted a	ctivities.							

J. Sahay 1

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

Date of Notification (1)			me of Buildi	ng Owner		or (2)	Enc	- 12y	,	
Agencies Notified Type Notificati	on :	-	eet Address	,	7	SFON	()1	Ucy 1	Pal	a 6
Amended Amended Amendman	. #1.		, State, Zip	Code		<u> </u>			C 04	-
DOH Emergency	(including		ne of Conta	-	· N	NJ	$\frac{\partial}{\partial x}$	7960		===
☐ Cancellation	n		ud C	iptal	<u>C</u>					1
Name of Facility Where Abatement is Ta	king Place (3)	F	ACILITY IN	FORMATIO	אכ	Type of Fac	Shire (4)			
	-AC		•			School (	K-12)			
10 WASHINSTON City (5)	VALLEY	R	OAD			Other (I. homes,	e., priva	Other than K- ate & commer	12) clal bu	غورالله الله
MORALSTOWN						Square Fee		# of Floors		Bldg. A
County (6) MONALIS		US	unly Code ( E ONLY)	7) (STATE		Corrent Use	(Prior	H being demo	lished On	
(8) E I There by Building	g Owner .	ASCA	V No.	Name of		ment Contracto	(a) SC	Cons	Fai	ict:
& Street Address West SHO	nc Tuy	ril		Skeet A	ddress No K	702	7			र्ज
City State, Zip Code DANTA, NJ				City, Stat		Code	tou	IN A	フィ	1
Project Manager for Maniforing/Firm,	973 - Tele	phone 19	Nº 649	Telephon	8 Ng.	57-275		I Icanéa No	68	=
Start Daje (10)	eduled Complet			Name of	OSHA	Monitor	- 1	00 1	O Q	
Occupancy Status During Abatement (Ch	éck only one)			Street Ad	dress	75				
Facility Closed/Vacated During Entire F  Absternant Performed Outside of Norm  Other - Describe: Re Outside	al Facility Hours			Cay, State	Zio C	'oda				
Scope of Work (Check all that apply)	Houn	<u>ان</u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Hå	Ain-End Sloveba	ntainment with I closure ag Procedure ampled (*) and				
	Is Location Normally	•				ompted ( .) and	Non-Pr	able Procedu		batem-
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely Maintenance	by e/	Asbesto	Descrip	tion of	erial (ACM)		Amount	<u> </u>	Тура
IN Facility (13)	Custodial Staff? (12)		(i.e., t	hermal sys surfacing, other misce	tems Ir VAT.	nsulation, or	1 (	Specify F or LF)	Remova	Repair
Room OU		N/A							2	14
		_	VH-	1			· _		X	
1600M 040			MAS	TIC.			1-1	7730		
Name of Registered Waste Hauler							-		$\vdash$	十
WASTE MANASIMES		EP W		Cubic Yard	s )	Name of Reg	istered	Landfill		
EWINS; NJ			1	Disposal Da	物マ	City State		0 1	)/	
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8-41	not use this for			"	- por	- UV XX	noc	4	15/	15

CK \$ 25229

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

Data of Natification (1)			- 1	Name (	of Building	Owner/Operator	r (2)	13 11 11					
Date of Notification (1)	/8/13			. 10.110		,	Ellen Tozz	i 4/4 /	Ω				_
Agencies Notified	Type Notificati	ion	-	Street	Address			٠.	5//	ρ, ,	986		
EPA	Initial						6 Berrel Av	e	0 5/7 	. 6	1)		_
DEP	☐ Amended		- 1	City, St	ate, Zip C	ode		SILK,	- 1				
<b>⊠</b> DOL	Amendmer Emergency				- 13 - 5	H	amilton, NJ 0	8619	4/5/A+	11			_
<b>⊠</b> DOH	justificatio	n)		Name	of Contact			Telephor	ne Numbe	r			
☐ DCA	Cancellatio	n	1.		I	Ellen Tozzi		<b> </b>					
				FAC	ILITY INF	ORMATION							
Name of Facility Where	Abatement is Ta	king Place	(3)				Type of Facility	(4)					
		esidentia					School (K-1	2)					
Street Address							Subchapter Other (i.e., p	8 (Other th	an K-12) mmercial	huild	inas		
46.	6 B	Berrel Av	e.				homes, etc.		TIIITICI OIGI				
City (5)							Square Feet	# of Flo	ors	Blo	lg. Ag		
	Ha	milton, ]	ŊJ				1400	.	<u>2</u>	_	6	)	_
County (6)						) (STATE	Current Use (Pi			ed)			
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Name of Monitoring Firm		ng Owner	T	ASCM I	No.		ment Contractor (9		lamino.	, T.,	_		
(8)	MECS						vens Environ	mental S	services	s, III	C.	_	_
Street Address		241				Street Address		30x 322					
	PO Box	341				01 01 7		30X 32Z		_			=
City, State, Zip Code	rosswicks, N	JT 00514				City, State, Zip	Allentow	n NJ 08	3501				
		A) 00011	200000000000000000000000000000000000000		VIa.	Telephone No.	7 HICHIOW	Licens		_			_
Project Manager for Mo			A 30000.00	phone!	3-4070		59-9688	Licens		)493			
	eisgarber Jr	cheduled C				Name of OSHA					-		
Start Date (10)	3		/18/		(11)	I value of oor is		ECS					
7/17/13 Occupancy Status Duri	ng Abatement ((			13		Street Address							=
☐ Facility Closed/Vaca				ment		0001, 1		30x 341					_
☐ Abatement Performe	ed Outside of No	rmal Facilit	y Hou	rs		City, State, Zip	Code						
Other - Describe:							Crosswic	ks, NJ 0	8515				
Scope of Work (Check	all that apply)						XX (0) XXX (000 200)			-50%			
10.000		MZ Da	novat	on		☐ Full Co Mini-E	ontainment with Ne	egative Pre	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitic			Glovel	pag Procedure	E-1	_				
						Non-E	xempted (*) and N	on-Friable	Procedure	100	boto	mont	
			ocation all							_	bateı. Typ		
Location	of	Used	Sole	y by		Description							
Asbestos-Containing			ntenan			tos Containing Management thermal systems		Amou (Spec		Re	Repair	Enc	Enclosure
TO BE ABA		1000	Staff?		(1.6.,	surfacing, VA	T, or	SF or		Remova	pair	aps	losu
(13)	•		(12)			other miscellane	eous)			<u>a</u>		Encapsulate	īre
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N	nata Unida-			NJDEP V	Nasta	Cubic Yards	Name of Reg	istered Lar	ndfill				
Name of Registered Wa			100	Hauler ID	No.	of Waste	I Name of The						
	Environment	tal		182	292	1 CU	-   -/	1.K.	R.F., In	C.		_	_
City, State		TT 00.501				Disposal Date	City, State	Tv:11-	tour 1	۸ ر			
	Allentown, N					7/18/13/	- VIV	Tully	town, ]	A		_	_
Completed By	avions	Title D.	rojas	+ 1/10-	na ger	Signature	1/		Date	7/8	/13		
Mahlon E. St	evens	P	ojec	t Mar	iagei	////				,,,			_

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

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Date of Notification (1)					ner/Operato blic Sch				19 B.					
6-21-13 Apendes Notified Type Notification			eet Add	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	DIIC SCI	100	1 2	·		17				7
				ark Av	enue			147	4 x = 1	_				$\dashv$
EPA Initial Amended				Zip Code		_			0.					
DOL Amendment #_ Emergency (Inc	fuding		Plain		J 0706	0			Telephone I	Numb	er		_	$\dashv$
N DOH justification)				d Gee							-	<b>4</b> .		
DCA Cancellation			FACILI	VINFOR	MATION				,					$\exists$
Name of Facility Where Abatement is Taking I	Place (3)					T		Facility (4)						
Plainfield High School						-		tool (K-12 ochapter 8	Mahar than I	(-12)		en som •		
Street Address						E	j Oth	er (Le. pri	vale & comm	ercial	buildir	igs, n	omes	
950 Park Avenue						S	iquare l		# of Floors	11-394-36	1	g. Ag	9	
City (5) Plainfield						1	1250	00	3	-M-h-		0+		$\dashv$
County (6)		70	Dunty Co	ide (7)		C	urrent	Use (Prior	if being dem	ousne	0)			
Union	(8)	1,	ASCM		Nan	ne of	Abater	nent Cant	ractor (9)					ヿ
Name of Monitoring Firm Hired by Building On	Wher (b)		0000					o, Inc.						
TTI Environmental Street Address			-000		Stre	el Ac	azenbb							
1253 North Church St					14	101	le, Zip	burg T	umpike					$\dashv$
City, State, Zip Code									NJ 0740	3				
Moorestown, NJ 08057 Project Manager for Monitoring Firm		17	elephon	e No.	Tek	aphor	ne No.		Licen	se No				$\neg$
A. Files Leotic		8	56-84	0-880	0 2	01-	710-	9725 Monitor	010	084		_	_	_
Start Date (10)	Schedule		oletion D	ste (11)	1000000									
6-28-13 at 4:00 pm	7-15-	13			Str	el A	<u>arou</u> ddress	p. Inc.		_				$\neg$
6-28-13 at 4:00 offi Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	nded of A	v) halomi	ent.		14	40 I	Ham	burg T	urnpike					_
Abatement Performed Outside of Norma	al Facility	Hours					ite, Zip		NI 1 0740	2				
Other - Describe:						100	ming	joale,	NJ 0740	<u>.</u>				
Scope of Work (Check All That Apply)		enovat				A	Full (	Containm Enclosure	ent with Nega	live Pi	essur	9		
₹ ≥160 sf or ≥260 ff		amoliti	on			X	Class	shan Des		Crickl	o Drav	sadi in		
	_						Non-	EXECUTION	( ) and idon	1100	1	Abak	ment	
Location of Asbestos-Conteining Material (ACM)	Use	Location formality of Solet intensor	y y by	Asbest	Descrip os Containii Inermal syst	to Ma	eterial (	(ACM)	Amount (Specify		æ		Pe Enc	m
TO BE ABATED In Facility		odial S (12)		(i.e.	surfacing other misc	VAT	i, or		SF or LF		Remove	Repair	Encapaulate	Endowre
(13)	-				other misc	Buura	eous)				1	-	ate	3
	Yes	No	N/A						7 Fitting	75	X	_		Г
Phase III Room 112	$\perp$	X	-		Insulati				35 Fittin		X			
Room JC 110		X			Insulati				15 Fittin		X			Г
Room JC 107	-	X	-		Insulat				70 Fittir		X			
Room 108 GS		X	UDEP V		Insulat			Name of	Registered L	andfill		-		
Name of Registered Waste Hauter		Н	buler 10	No.	of Weste TBD	100.00		Grov						
GL Group, Inc.					Disposal	Date		City, Sta	te Isville, P	١				
Bloomingdale, NJ					TBD Sign	ah ma		A CONTRACTOR OF THE PARTY OF TH			rle	_		
Completed by	P.M	4			Sign		116	1/1	See .	16	-21	-13		
Michael B. Solakov	I P.IV	ł				_								

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7)

### CONTINUATION SHEET

EDS13-122

							Ababa	nent Typ	· //,	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma A	ution No Used Solely b Intensi Custodi Staff (12	nce el	Description of Asbestos-Containing Material (ACM) (Le. thermal systems, insulation, surfacing, VAT, or other miscallaneous)	Amount (Specify SF or LF)	R E M O V	REPA	E N C A P S L U F		
	Yes	No	NUA			î	R	L	E	
Phase IV			$\Box$							
Classroom 158		X		Pipe Insulation	20 Fittings	X				
(Day Care Center)										
Exterior Breezeway						-107/00/0			-2-33/10	
Connector by Exit 10		Χ		Pipe Insulation	40 Fittings	X				
Phase V			H							
Classroom 114		X		Pipe Insulation	20 Fittings	X				
Classroom 116		X		Pipe Insulation	35 Fittings	X	_			
Hallway Adjacent to		X		Pipe Insulation	6 Fittings	X			-	
Classroom 171					g : mange				- 1	
allway Adjacent to		X		Pipe Insulation	6 Fittings	Х				
xit by Classroom 165				The History						
allway Adjacent to		X		Pipe Insulation	10 Fittings	Х				
assroom 162 by Steps										
A										
Amendment #1	-		-							
Additional Work		-								
Main Hallway		X	$\dashv$	Pipe Insulation	61 Fittings	X				
			$\Box$						_	
							-	$\dashv$		

Completed By: (Print or Type) Michael B. Solakov	P.M.	Signature	Deta 6-21-13
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