## State of NJ

D&S Proj. #: 16-204		,				s Abatement and 12:120)									
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	1 6	Vamo of B	uilding Own	er/Operator (2	\		In E	CE		√/ [i		21			
Date of Notification (1)					)							111			
Agencies Notified   Type Notifica	tion	ALBEK Street Add	T CALEB	RESE				JUL 1	3 20	110	111	#			
☐ EPA ☐ Initial ☐ Amended		ri oot maa	, 000								1				
DEP Amended Amendment #	. I <del>I</del>	City, State	, Zip Code				ASBESTOS CONTROL &								
DOL ☐ Emergency		4	CHEN, NJ	08840				LICENS			. u				
DOH (including justification)	11	lame of C	THE RESERVE TO SHARE THE PARTY OF THE PARTY	00010			Telephor	ne Numbe	r			-			
DCA Cancellation	- 11	ALBE	RT CALE	BRESE											
			FAC	ILITY INFORM	ATION	<u> </u>									
Name of facility where abatement	is taking pl	ace (3)					Type of Facility	(4)				-			
	0.	, ,						K - 12)							
ALBERT CALEBRESE Street Address								apter 8 (C			-12)				
Street Address								(Private/C /Homes, e		ercial					
							Square Feet	# of Floo	rs	BI	dg. Ag	ge			
City (5)	Cou	nty (6)				nty Code (7) te use only)	Current Use (Prior if being demolished)								
METUCHEN	mic	idlesex			(Sta	te use orny)	Current Use (P	rior if bein	ig den	lemolished)					
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	<u>'</u>	Name of Abatement C	ontractor (9)								
						D & S RESTORA	TION, INC.								
Street Address						Street Address									
City State Zin Code						20 California Ave	2.								
City, State, Zip Code						City, State, Zip Code	0.2								
Project Manager for Monitoring Firm	1	T F	hone Numb	er	_	Paterson, NJ 07503 Telephone Number License Number									
,		1				973-345-8020			1169						
Start Date (10)	Sched	d. Comple	tion Date (1	1)	-	Name of OSHA Monito	or								
07/18/16	08/1	80.000 - 50	economic of the control of the cont			D & S Restoratio	n, Inc.								
Occupancy Status During Abatemen				Care State Andrews	-	20 California Ave	nue								
Facility closed/vacated during						City, State, Zip Code	nuc								
Abatement performed outside Describe:		facility ho	urs-			5.50									
Other-Describe: NORMAL F					_	Paterson, NJ 075	03								
Scope of Work (check all that apply	y)						ull Containment v	v/negative	press	ure					
>3 sf or >3 lf	Renovation	on					lini-enclosure lovebag procedu	rα							
≥160 sf or ≥260 lf	Demolitio	170					ion-Exempted (*)		friable	proc	edure				
Location of		n normally enance/cu	used solely	/					R	R	E n	Е			
asbestos-containing material (acm) to be	staff(12)			Description material		sbestos-containing	Amount (Specify S	SF or	m o	р	С	n			
abated in facility (13)	Yes	No	N/A	- material	(, , , , , , ,		ĹF)		V	i	a p	L			
BASEMENT		X	1	PIPE INSU	ILATI	ON	3 L FT		e	-	П	$\vdash$			
OUTSIDE CRAWL SPACE		X		PIPE INSU			8 L FT				H	1			
Registered Waste Hauler D & S RESTORATION, INC.	NJD 135	EP Hauler 506		ubic Yards of V yd.	Waste	Name of Registered L TULLYTOWN, R		COVER	Y						
City, State		78	Disposal D			City, State	LJOURCE KI	JCO Y LIN			-				
PATERSON, NJ 07503		<u> </u>	07/19/1	6		TULLYTOWN, I	PA								
Completed by (Print or Type)	Title	יייין איין		Signature				Date	10.0						
BOGDAN JOLDZIC	PRESID	ENI						07/07	/2016	)					

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

ASB-41

## State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-205 (Pursuant to NJAC 8:60 and 12:120) CK 6769 Name of Building Owner/Operator (2) Date of Notification (1) 1 3 2016 0 7 / 0 7 / 1 6 charles koehler Agencies Notified Type Notification Street Address **EPA** Initial | **ASBESTOS CONTROL &** LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency SCOTCH PLAINS, NJ 07076 (including DOH Name of Contact Telephone Number justification) □ DCA charles koehler Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) charles koehler Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) SCOTCH PLAINS UNION 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. 07/19/16 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 lf □ 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 е by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n staff(12) m p material (acm) to be С (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A V BASEMENT PIPE INSULATION 85 1 ft X Registered Waste Hauler NJDEP Hauler ID# Name of Registered Landfill Cubic Yards of Waste D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/20/16 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 07/07/2016 Do not use this form for asbestos licensure exempted activities. ASR-41

CK 6770

State of NJ Notification of Asbestos Abatement

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BASEMENT		X		BARE HEA	TIN	G PIPES	PIPES 351					X		
BASEMENT		$\square X$		PIPE INSU				0 L FT		$\boxtimes$				
Location of asbestos-containing material (acm) to be abated in facility (13)		No		Description material (A	ACM)			Amount (Specify SF or LF)		e m o v e	e pair	E n c a p	E n c L	
$\boxed{$ > 3$ sf or > 3$ lf}$ $\boxed{$ ≥ 160 sf or ≥ 260 lf}$	Renovation Demolition	1	used solel	v/		∑ ∑ 	Gloveb	closure ag procedur cempted (*)		riable	proc	1		
Scope of Work (check all that apply						1 atc13011, 143		ntainment w	/negative	press	ure		_	
Occupancy Status During Abatemer  Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H		_	20 California Avenue City, State, Zip Code Paterson, NJ 07503											
07/18/16	08/10				_	Street Address								
Start Date (10)			ion Date (1	1)		D & S Restora		j.						
Project Manager for Monitoring Firm	oer		Telephone Number 973-345-802 Name of OSHA Mo		License Number 01169									
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503												
Street Address		Street Address 20 California Ave.												
					D & S RESTO	RATIO	N, INC.				T-			
Name of Monitoring Firm Hired by		ION er (8)		ASCM No.		Name of Abateme	nt Contra	ctor (9)		_	_			
City (5)  CRANFORD		nty (6)				unty Code (7) ate use only)	rent Use (Pr	rior if bein	or if being demolished)					
City (5)	I Cour	ab. (C)					Squ		# of Floor		Bldg. Age			
Street Address								Other (	Private/Co Homes, e	omme				
jack de cotiis						School (K - 12)  Subchapter 8 (Other than K-12)								
Name of facility where abatement	s taking pla	ace (3)	#W200.008			2270	Type	of Facility (	4)					
				ILITY INFORM	ATIO	N								
justification)  DCA  Cancellation	- 11	jack de	cotiis											
DOH (including	IN	ame of Co	FORD, N. ontact	07016	1000		Telephon	e Number						
DOL Amendment #:	-	1000000	, Zip Code	07016										
DEP Amended						LICENSING								
Agencies Notified Type Notificat	ion	Street Add				ASBESTOS CONTROL &								
10 17 1/10 17 1/11 16		jack de	-	reiroperator (2)	,		10 0	JUL	13 2	U16	1	2		
Date of Notification (1)		Jame of P	uilding Own	ner/Operator (2)	V		1111	1111	100	11116		1 ///		
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State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2016-105 B & G proj. #: Check # 7916 NON SUB 8 Date of Notification (1) Name of Building Owner/Operator (2) 2016 1.3 10 | 7 | / | 12 | / | 1 | 6 | Stevens Institute of Technology Type Notification Agencies Notified Street Address EPA Castle Point on Hudson ASBESTOS CONTROL & X Initial DEP LICENSING City, State, Zip Code Amendment DOL Hoboken, NJ 07030 Telephone Number Name of Contact X DOH Cancellation ☐ DCA David Fernandez FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Howe Building Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Castle Point on Hudson Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Hudson Hoboken, NJ 07030 College Hall Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/22/2016 07/25/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition X Renovation Non-friable procedure ✗ Mini-enclosure × >3 sf or >3 lf >160 sf or ≥260 lf Is location normally used solely Location of e е п by maintenance/custodial Amount Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) material to be material (ACM) 0 a a LF) L abated in facility (13) N/A Yes No р X fireproofing from 2 beams 20 sf X Pierce Dining Area X 60 sf VAT, mastic, carpet 2nd floor lobby (2 closets) X Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. 5 Disposal Date City, State Tullytown, PA 07/25/2016 Lincoln Park, NJ Signature

Gordana Luna

07/12/2016

Completed by (Print or Type)

Gordana Luna

Secretary/Treasurer

CK 14748		N		CATION ( ursuant to						E	3 E I	1 1///		7	1
Date of Notification (1) JULY 8, 2016		570		Name of I	Building ( DRT DE	Owner/O	perator PERS	(2) , LL(		15 (	<del>9 15 1</del>	1—W	5		
	Type Notification				Street Address 75 FOREST HILL DRIVE  JUL 1 3 2016										
EPA DEP DOL	Amended Amendment		City, State WEST	e, Zip Co MILFO	ASBES	STOS CONTROL &									
DOH DCA	Emergency ( justification) Cancellation		Name of Contact PAUL NEILSEN											1—	
		Di (0		FACIL	ITY INFO	RMATI	ON	T	e of Facility (	4)					
Name of Facility Where A ABANDONED GAR		g Place (3	)					П	School (K-1	2)	ribon V	12)			
Street Address WILLIAJSON STRE	STF	REET			8	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.)									
City (5) KEYPORT				*		Square Feet # of Floors Bldg. Age 1935									
County (6) MONMOUTH				County C (STATE U	ode (7) SE ONÉY	<u></u>			rent Use (Pri BANDONE			shed)			
Name of Monitoring Firm N/A		ASCM	No.	6		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Ir									
Street Address					Street Address 17 Thompson Street										
City, State, Zip Code				City, State, Zip Code West Long Branch, NJ 07764								. 7			
Project Manager for Monitoring Firm N/A				Telephone No. Telephone No. 732.222.83					No. 1.8372		License 00040				
Start Date (10) JULY 18, 2016		ompletion Date (11) Name of OSF 2016 N/A					SHA Monitor	or							
Occupancy Status During Abatement (Check Only One)						Street Address									
Facility Closed/Vaca Abatement Performe Other – Describe:					City, State, Zip Code										
Scope of Work (Check Al	That Apply)							70					-	;	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli	700000000000000000000000000000000000000	Mini-Enclosur Glovebag Pro	e cedure	t with Negative Pressure										
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Location	of	1	Vorma	lly		De	scription	n of				Туре			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Custod			intena	olely by Asbestos Containing Material (i.e. thermal systems insular surfacing VAT or surfacing VAT or					ulation, r	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
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City, State West Long Branch, I	NJ 07764					Dispo 7/19	sal Date /16	e .	City, Sta Tullyto	te wn, P	Ą				
Completed by Joseph P. Miller	(E)	Title Pres	siden	t		5	Signatur		11/4			Date 7/8/16			
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