

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

Date of Notification (1) 07/17/2015				f Building		Operator	(2)									
Agencies Notified	Type Notification			Street A	Purviano				#f · r							
EPA	x Initial			420 H	arding D					STUL.	22 1	14	72	5		
DEP X DOL	Amended Amendment				ite, Zip Co Orange				/4				7			
≥ DOH	Emergency justification)	(including		Name of	Contact			-		Tele	anhore	k I		-		
☐ DCA	Cancellation				Purviand							دىى	1			
Name of Facility Where	Ahatement is Takir	n Place (3)		FACI	LITY INFO	ORMATI	ON	Typ	o of English (()						
House	Abatement is Takii	ig Flace (3)						Тур	e of Facility (4							
Street Address								H	School (K-1) Subchapter		er than k	<-12)				
420 Harding Dr								×	Other (i.e. p. etc.)	rivate 8	comme	ercia	build	dings,	home	es,
City (5)									are Feet	# of	Floors		В	ldg. A	ge	
South Orange NJ	<u> </u>							2,0	00	2			5	0+		
County (6) Essesex					Code (7) USE ONLY	,		Curr	rent Use (Pric	r if beir	ng demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.		Name	of Ab	atement Con	tractor	(9)					
Competent Supervi	isor						Acad	lemy	/ Construct	ion In	С					
Street Address	7						Street 205 F		ess te 46 West	Suite	14					
City, State, Zip Code									Zip Code		26					
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Teleph	one I	No.		Licens		.8		0.000	
Start Date (10)		Cabadalad		! - ! !	D-1- (44)		973 8				01155	0				
07/27/2015		Scheduled 7/29/201	5	ipietion i	Date (11)			77 TY	SHA Monitor Construct	ion In	С					
Occupancy Status Durin	g Abatement (Che	ck Only One	ř.				Street			o						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent					e 46 West	Suite	14					
Other – Describe:	ied Outside of Nort	nai Facility F	iours	V		-	100000000000000000000000000000000000000		Zip Code NJ 07512							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf		Re	nova	tion				F	ull Containme	nt with	Negativ	ve Pr	essui	re		
≥160 sf or ≥260 lf		☐ De	moliti	on			×		lini-Enclosure lovebag Proc							
									on-Exempted		Non-F	riable	e Pro	cedur	е	
			ocati												ement pe	
Location Asbestos-Containing		Used	rmall Sole		Arbor		scription		al (ACM)	^-	mount					
TO BE AB	ATED	Main Custo				thermal	systems	s insu	lation,	(S	pecify		Re	R	Enca	Enc
In Facil		0.0000000000000000000000000000000000000	(12)	nan:			cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					·				a	_	late	Ire
Garag	18	+ + +		X			TSI			C) LF	-	X		X	
Odras	,,,	-		_ ^			101									
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	red Lan	dfill				
Academy Constructi	on Inc		5000	auler ID 034422		of Wa	ste		GROWS		dfill					
City, State Totowa NJ						Dispo:	sal Date	9	City, State Tullytow							
Completed by Title						5	Signature	4 1		1	,	Dat				
Zlate Geleski VP							Signature	te	- Klet	Me	1	07/	17/2	2015		20

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



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

Date of Notification (1)	of Building	Owner/	Operator	(2)			21	t Ir							
7/20/15				John	Clemme	er								2	e.
Agencies Notified	Type Notification				Address Breen La	ine					Ã.				
× EPA × DEP	X Initial Amended		-	City. Sta	ate, Zip C	ode				-		E 1	1.	-	-
× DOL	Amendmen		_ (dere, Ne		ev 078	23							14
× DOH	Emergency justification				of Contact					Te	lephone N	lumhei			- 2-
DCA	Cancellatio			John						1		umbo			
				FAC	ILITY INF	ORMAT	ION			1					
Name of Facility Where	Abatement is Takin	ng Place (3)						Тур	e of Facility (4	1)					
Store front									School (K-12	2)					
Street Address									Subchapter	8 (Oth	er than K-	12)			
62 Main Street								×	Other (i.e. pretc.)	ivate	& commer	cial bu	ilding	s, non	nes,
City (5)									are Feet	# 0	f Floors		Bldg.	Age	
High Bridge								150		1			50+		
County (6) Hunterdon					Code (7) USE ONLY)		Sto	ent Use (Prio ore	r if be	ing demoli	shed)			
Name of Monitoring Firr	n Hired by Building	Owner (8)		ASC	M No.		Name	of Ab	atement Cont	tracto	r (9)				
							Ace	insu	lation Co.,	Inc.					
Street Address							Street								
							1		ose Road						
City, State, Zip Code							15.00		Zip Code ck, N.J. 077	722					
Project Manager for Mon	nitoring Firm		7	Telepho	ne No.		Teleph				License	No.	-	-1725 17	
			1				732-2	294-	1757		00029				
Start Date (10)		Scheduled	Com	pletion	Date (11)		Name	of OS	HA Monitor						
8/3/15		8/6/15			0										
Occupancy Status Durin							Street	Addre	ess						
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Aba	atem	ent			07.0								
× Other – Describe:	7am-7pm	nai Facility H	ours				City, S	tate, z	Zip Code						
Scope of Work (Check A	All That Apply)													111-510-5	
× ≥3 sf or ≥3 lf	a	N Dan		ion			Г	1 -				20			
23 St 01 23 tt			ovat noliti					Mi	ill Containmer ni-Enclosure	nt with	Negative	Press	ıre		
							×	GI	ovebag Proce						
		1	F7881				EA.	l No	n-Exempted	(*) an	d Non-Fria	ble Pr		u faith ann anns	
I anakin		ls Lo	mall									1		emen ype	t
Location Asbestos-Containing		Used S	Solei	y by	Ashes		scription taining M		I (ACM)	Δ	mount		1		
TO BE AB.	ATED	Mainte Custod		전성성(15.15 52.)		thermal	systems	insul			Specify	Z.		Enc	I m
In Facil (13)		100	12)	ian:			cing, VAT			SF	or LF)	Remova	Repair	aps	Enclosure
()		Ves I		N.//A		outer in	nscenari	cous				\\\ \delta	=	Encapsulate	ure
		Yes 1	40	N/A							424.5	1		(0)	
basem	ent			Х		Pi	pewrap)			60lf	X			
													1		
												1			
14												+			
Name of Registered Was	ste Hauler	11	NJ	DEP W	aste	Cubic	Yards	2019:se===	Name of R	eniste	red Landfi	1	1	1	\Box
Ace Insulation Co., I	nc.		Ha	uler ID		of Was			Chrins	ogioto	rea Lanon				
011 85 852	-		12	086		2								-0.05	
City, State Colts Neck, New Jer	sev				1	Dispos 8/6/15	sal Date		City, State	D4					
Completed by	Joy	Title							Easton,,	PA	1 =				
Bree McGuire		Secreta	rv T	reasu	rer	12	ignature	,	4			ate /20/1	5		
			.)	. 5454		//	IN	1	/		1	120/1	J		

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



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

Date of Notification (1) 7/18/15				Building			(2)	2	C.E	15 JU	- 22	2 1	H -	T		
Agencies Notified	Type Notification		1	Street A	ddress					A				/		J
X EPA	× Initial				hard Ro						211		,			
X DEP X DOL	Amended Amendment	#			ite, Zip Co		00000	e.						**	- 1	
	☐ Emergency	including	- -		n, New J	ersey	08820).		Tol	anhana	Niver	har			
Ď DOH DCA	justification) Cancellation			Raj	Contact					i i ei	ephone	Niim	ner			
П рох	Caricenation				LITY INFO	DRMAT	ION		-	1						
Name of Facility Where	Abatement is Takin	g Place (3)		17101		J. 11117-11	1014	Type o	of Facility (4))						
Hebbatam Resider	nce							□ s	School (K-12)						
Street Address									Subchapter 8					dinas	home	
55 Richard Rd								1 1 1	Other (i.e. pri tc.)	vale	& COMM	ercia	Dulk	ungs,	потпе	es,
City (5)								Square		10000	f Floors		- 1	ldg. A	ge	
Edison								1400		1				5+		
County (6)	×				Code (7) USE ONLY,				nt Use (Prior lence	if bei	ng dem	olishe	ed)			
Name of Monitoring Firm		Owner (8)		ASCN	I No.		Name	of Abat	ement Cont	ractor	(9)					
							Ace	Insula	tion Co., I	nc.						
Street Address								Addres	-0					.85		
City, State, Zip Code									se Road							
City, State, Zip Code							157250	State, Zips Neck	code L, N.J. 077	722						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone No -294-1			Licens 0002		•			
Start Date (10) 7/27/15	있었다. 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1 전 1								A Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One	<u> </u>	F 4	TI		Street	Address	s	200						
Facility Closed/Vac		889		ent			200									
Abatement Perform	ned Outside of Norm	nal Facility H	lours	5			City, S	State, Zip	Code						-	
X Other – Describe:	7am-7pm					_										
Scope of Work (Check A	III That Apply)						120	100								
× ≥3 sf or ≥3 lf			nova						Containmer	nt with	Negati	ve Pr	essu	re		
≥160 sf or ≥260 lf		[X] Dei	nolit	ion					i-Enclosure vebag Proce	dure						
					-		×		-Exempted		d Non-F	riable	Pro	cedur	е	
		100000	ocati		\				-			1			ement pe	
Location		No Used	rmal Sole				escription							1	PC	
Asbestos-Containing TO BE AB		Maint	enar	nce/			taining N				mount Specify		Z	_	Enc	匝
In Faci		Custo	11al S 12)	statt?		surfa	cing, VA	AT, or			or LF)		Remova	Repair	aps	Enclosure
(13)				1		other	miscellar	neous)					val	air.	Encapsulate	sure
		Yes	No	N/A											Ф	
indoc	or		111	X		f	loortile				50sf		Х			
	- T															
Name of Registered Was	ste Hauler	01	4 3 3 3	JDEP W			Yards	101 121	Name of R	egiste	ered Lar	ndfill				
Ace Insulation Co.,	Inc.			auler ID 2086	NO.	of Wa	iste		Chrins							
City, State Colts Neck, New Je	rsey	10-11 N 10	186	25	1.9	Dispo 8/3/1	sal Date 5		City, State Easton,,	PA		12				-
Completed by	103	Title	iti	. 4	1	Signature	e /				Date	9				
Bree McGuire		10	W	_			7/1	8/15	5							

CK# 2705

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

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BESTOS ABATEMENT	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C 8:60 and 12:120)	

Date of Notification (1) 7/18/15					of Building		Operator	(2)	28	115 JUL 2					
	-				Mulcah	У			CUMBO	JUL C	2	14			
Agencies Notified	Type Notification	1			Address entral Av	/e			4:	4 * -				Ü	
× EPA × DEP × DOL	X Initial Amended		-		tate, Zip C						_				
▼ DOL	Amendmen		_ \		ey Beac									â	
Ĭ DOH	Emergency justification)			of Contact					Telephone					
DCA	Cancellatio	n		Joan						, , , , , , , , , , , , , , , , , , ,	17[]	h			
Name of Facility Where	Abatement is Takir	ng Place (3)		FAC	ILITY INF	ORMAT	ION	Type of	f Facility (4)						
Mulcahy Residence								_	thool (K-12)						
Street Address								☐ St	ubchapter 8	(Other than	K-12	2)			
25 Central Ave								× Of		rate & comm	nercia	al bui	ldings	, hom	nes,
City (5)								Square		# of Floors		TE	Bldg.	Age	
Bradley Beach County (6)	100000 0000							1500		1			55+		
Monmouth					Code (7) USE ONLY	,	\	Current reside	315	f being dem	olish	ed)		*******	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				ment Contra					_	
Charact & data									on Co., Ir	ic.					
Street Address								Address Iontrose	e Road						
City, State, Zip Code								tate, Zip							
							Colts	Neck,	N.J. 0772	22					
Project Manager for Mon	itoring Firm		7	Telepho	ne No.			one No. 294-17	57	Licens 0002		0.			
Start Date (10)		Scheduled	Com	pletion	Date (11)			of OSHA		0002	9				
7/28/15		8/3/15													
Occupancy Status During							Street	Address							
Facility Closed/Vaca Abatement Performe	ated During Entire	Period of Aba	ateme	ent			City C	tata 7:-	Ondo						
× Other – Describe: 7	am-7pm	nar r donity r	ours			_	City, S	tate, Zip	Code						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf			novati				F			with Negativ	ve Pr	essu	re		
≥160 sf or ≥260 lf		[X] Den	nolitio	חכ			×		Enclosure bag Proced	ure					
		T	- 125					Non-E	exempted (*	and Non-F	riable	e Pro	100 TOT		
		40 (1995)	catio						}					ement rpe	t
Location Asbestos-Containing	Material (ACM)	Used 5	Solely	by by	Asbes	Des tos Cont	scription aining M	of aterial (A	CM)	Amount					
TO BE ABA		Mainte Custod			(i.e.	thermal	systems sing, VA	insulatio	n,	(Specify SF or LF)		Rer	Re	nca	Enc
(13)		(1	12)				niscellan			SF 01 LF)		Remova	Repair	Encapsulate	Enclosure
		Yes 1	No	N/A								<u>=</u>		ate	ге
basemse	ent			x		pipe	insulat	ion		140sf		x			
Name of Registered Wast	e Hauler	1	19/18/97	DEP W		Cubic '		N	lame of Reg	istered Lan	dfill				
Ace Insulation Co., In	ic.		1	uler ID 086	No.	of Was	ite	(Chrins						
City, State			1				al Date	C	City, State					-	
Colts Neck, New Jers	sey					8/3/15	_	E	eston,, P	A					
Completed by Bree McGuire		Title Secreta	nv T	reacu	rer	Si	gnature	0 /	1/		Date				
	, casu			16	M			111	8/15						



		NOT		ATION (OF ASBE	STOS A					HEA:	•	1		
Date of Notification (1) 07/17/15		342 3400			Building C		perator (2)		2016	JUL 22	· LE	i 7:	; ;	
Agencies Notified	Type Notification			treet Ad 19 RA	dress RITAN	AVEN	UE			A.		7		7 5	
EPA DEP X DOL	Initial Amended Amendment		1000		e, Zip Coo BURG,		734				ELILE	£ 11	10	- k	
DOH DCA	Emergency (justification) Cancellation	o omiteo-ranone -r	100003	ame of 0	Contact					0.000000	ephone Num	ber			
				FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Street Address 119 RARITAN AVE		g Place (3)							s of Facility (4 School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Oth			lings,	home	es,
City (5) KEANSBURG, NJ								Squa 200	are Feet	# 0	f Floors	В	ldg. A	ge	
County (6) MONMOUTH COU	INTY			ounty C	ode (7) SE ONLY)		- 1	Curr	ent Use (Prio	or if bei	ng demolish	ed)			
Name of Monitoring Firm		Owner (8)		ASCM	No.		Name o	of Ab	atement Con						
Street Address							Street	Addre			a de montro de la companya de la com				
City, State, Zip Code	U.			<u> </u>			City, St	tate, 2	Zip Code	The state of the s					-
Project Manager for Mor	nitoring Firm	0 :	Telephone No. Telephone No. 732-668-9078								License N 1200	0.			55
Start Date (10) 07/20/15		Scheduled 07/20/15	Comp	oletion D	Date (11)				HA Monitor D PROFE	SSIC	NALS				
Occupancy Status Durin × Facility Closed/Vac			tomo	nt.			Street /		DOVE CO	DURT					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr			71 IL					Zip Code	8701					
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	ovati nolitic				×	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure					
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		10.700000000000000000000000000000000000	catio	1007									Ту	ре	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used S Maint Custod	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A										Ф	
STAIR	WAY					AC	CM TIL	E		(80 SF	X			
													-		
						10	V1		Norman	Decisi	orod I and Ell				
Name of Registered Wa			Ha	IDEP W auler ID 509		of Wa			IESI	regist	ered Landfill				

Disposal Date

Signature

07/20/15

Title

OWNER

Date

07/17/15

City, State

BETHLEHEM PA

NEWARK, NJ

JOSEPH PERLSTEIN

Completed by

City, State

(K006067

D&S Proj. #: 2015-251

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

RESENSIVES.

							* **			
Date of Notification (1)	Name of Building C	Owner/Operator (2)			2815 JUL 2)) £14.1				
0 7 /0 8 /1 5	Melissa Cifu				-02 2	- ATT	: 5	9		
Agencies Notified Type Notificati	Street Address				*100E011					
☐ EPA ☐ Initial ☐ Amended	121 Lawrence	Drive			#1035-010 & LIC	EMENT	πU	L		
DEP Amendment #:										
☑ DOL ☐ Emergency	— SHORT HILL	S. NJ 07078								
DOH (including	Name of Contact		19 14 6		Telephon	e Number				-
justification)	Melissa Cifu				. 1					
Cancellation	Ivienssa Citu						_		_	
	F	ACILITY INFORM	IATION							
Name of facility where abatement is	s taking place (3)				Type of Facility ((4) ol (K - 12)				
Melissa Cifu							ماه بده د	V	10\	
Street Address						apter 8 (Oth (Private/Cor			12)	
otreet Address						Homes, etc				
121 Lawrence Drive					Square Feet	# of Floors		Blo	dg. A	ge
City (5)	County (6)			y Code (7)			_	_		
CHORTIMIE	ESSEX		State	use only)	Current Use (P	rior if being	dem	olishe	ed)	
SHORT HILLS Name of Monitoring Firm Hired by		ASCM No.	110	Name of Abatement (Contractor (9)					
Name of Montoning Film Filed by	Blug. Owner (b)	AGOIVITYO.		D & S RESTORA						
Street Address				Street Address	TION, INC.		_		-	
Oli eel Address				20 California Av	e					
City, State, Zip Code			<u> </u>	ity, State, Zip Code						
				Paterson, NJ 075	503					
Project Manager for Monitoring Firm	Phone N	umber	- _	elephone Number		License N	lumb	er		
				973-345-8020		01	169			
Start Date (10)	Sched. Completion Date	e (11)	\	Name of OSHA Monit						
Year Teach Market and Arthress		**************************************		D & S Restoration	on, Inc.					
08/06/15 Occupancy Status During Abatement	08/28/15		s	Street Address						
Facility closed/vacated during	- 18 to 18 t			20 California Av	enue		_	_		
Abatement performed outside				nty, State, Zip Code						
Describe: NORMAL F	IOURS			Paterson, NJ 07:	503					
Scope of Work (check all that appl					full Containment v	v/negative r	ress	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation				/lini-enclosure	willogaaro p	,,,,,,	uio		
□ ≥160 sf or ≥260 lf	Demolition				alovebag procedu		*****			
	Is location normally used s	olohu			Non-Exempted (*)	and Non-fr	R	Proce	E	'
Location of asbestos-containing	by maintenance/custodial		ion of ook	acatas containing	Amount	1	e	е	n	E
material (acm) to be	staff(12)	material		pestos-containing	(Specify S	SF or	m o	p a	c a	С
abated in facility (13)	Yes No N	/A			LF)		٧	i	p	L
GARAGE		DUCT INS	SULAT	ION	50 SQ FT		e X		П	h
Oritote							一			to
				4.2			亍			
				-						
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of	Waste	Name of Registered						
D & S RESTORATION, INC.	13506	1 yd.		TULLYTOWN,	RESOURCE R	ECOVER'	Y			
City, State	30	sal Date 07/15		City, State TULLYTOWN,	DΛ					
PATERSON, NJ 07503 Completed by (Print or Type)	Title	Signature		TULLITUWN,	114	Date				
BOGDAN JOLDZIC	PRESIDENT	J.g.iataio				07/08/	2015	5		
ASB-41	* Do not use this form for asl	pestos licensure ex	xempted	activities.						

(K006050

D&S Proj. #: 2015 - 242

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

RECEIVED

								2815 HI	~				
Date of Notification (1)			ing Owne	er/Operator (2)	2			2815 JUL	22 AF	11: 3	39		
Agencies Notified Type Notificat		er Adel						å :-10 :- & L1(73 7 To	175		_	
☐ EPA ☐ Initial	Oli col							& Lil	CENTIA	INKL	iL		
DEP Amended		Grove A								0			
DOL Amendment #:	City, S	State, Zip	Code										
Emergency	ma	ywood,	nj 076	507									
DOH (including justification)	Name	of Conta	act					Telepho	ne Numbe	r			
☐ DCA ☐ Cancellation	Ty	ler Ade	1					١.					
			FACII	LITY INFORMA	ATION								
Name of facility where abatement i	s taking place (3)					Т	ype of Facility					
TO CONTRACTO ANALYSIS CONTRACTOR	7.0							Scho	ol (K - 12)				
Tyler Adel							4		napter 8 (0			12)	
Street Address									(Private/C ./Homes, e		rcial		
57 Grove Avenue								Square Feet	# of Floo	rs	Blo	ig. Aç	ge
City (5)	County (6	6)				nty Code (7)							
		2202			(Sta	te use only)		Current Use (F	Prior if being	ng dem	olishe	ed)	
maywood	BERGE						Ц.						
Name of Monitoring Firm Hired by	3ldg. Owner (8)			ASCM No.		Name of Abateme	ent Co	ntractor (9)					
-				V-	_	D & S RESTO	DRAT	ION, INC.					
Street Address						Street Address							
						20 California	Ave.	¥					
City, State, Zip Code					- 1	City, State, Zip Co	de						
						Paterson, NJ	0750	3					
Project Manager for Monitoring Firm		Pho	ne Numbe	er	-	Telephone Number			License	Numb	er		
<u> </u>		10000				973-345-80	20		(1169			
Ctart Data (10)	ICahad Ca		Data /dd	·	_	Name of OSHA M	onitor						
Start Date (10)	Sched. Co	mpletion	Date (11)		D & S Restor	ration	Inc.					
07/23/15	08/20/15					Street Address							
Occupancy Status During Abatemer	nt (Check only o	ne)				20 California	Aven	ue					
Facility closed/vacated during						City, State, Zip Co							
Abatement performed outside Describe:	of normal facili	ty hours	-										
Other-Describe: NORMAL H	OURS				_	Paterson, NJ	0750	3					
Scope of Work (check all that apply						Ī	Ful	Containment	w/negative	press	ure		
	Renovation					Ī	=	ni-enclosure	12. <u>12.1</u> 2				
≥160 sf or ≥260 lf	Demolition							vebag proced					
			1 11				No	n-Exempted (*) and Non	-friable	_		1
Location of	Is location not by maintenant			No. 10 to	555	31 200		Amount		e	R	E n	E
asbestos-containing material (acm) to be	staff(12)					sbestos-containing	3	(Specify	SF or	m	р	C	n
abated in facility (13)	Yes	No	N/A	material (ACIVI)			LF)	51 E	o v	a	a	L
19, 25 18		140	IVA							e	r	р	
BASEMENT		X		PIPE INSU	LATI	ON		60 1 ft					
					-					П			
Registered Waste Hauler	NJDEP H	lauler ID	# C	ubic Yards of V	Vaste	Name of Registe	red La	ndfill		-1		_	
D & S RESTORATION, INC.	13506	was well Made	400	yd.		TULLYTOW			ECOVE	RY			
City, State		D	isposal D	ate	The second	City, State							
PATERSON, NJ 07503			07/24/1:	5		TULLYTOW	/N, P.	A					
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESIDEN'	Г							07/08	/ 2015	5		
100 11	Do not use this	o form fo	rachaeta	ac licencure ex	omnto	dactivities				-	-		

GL15-020

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

Page 1 of 1 Check #1501

Date of Notification (1) 7-14-2015				Building C				ols	Th	1.79	54			34.545		
Agencies Notified	Type Notification			Street Ad	dress ool Roa	d				â		•		Đ,	ê _E	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Coo a, NJ 0					350					.,,	
× DOH × DCA	Emergency justification) Cancellation	154		Name of Donnar	Contact marie Pa	almier	e e			Tele	phone N					
				FACIL	ITY INFO	RMATI	ION									
Name of Facility Where Catherine A. Dwye Street Address		g Place (3)						× s	of Facility (4 School (K-12 Subchapter	2) 8 (Othe			-11-41		L	
665 Mt. Hope Aver	nue							Squar	Other (i.e. pr etc.) e Feet	# of	Floors	Ciai Di	Bl	dg. A		s,
Wharton				County C	ada (7)			40,00	00 + nt Use (Prio	2	a demol	ished)	- 33)+		
County (6) Morris					ISE ONLY)		-	Scho	ool		5(0)	isi ieu)				
Name of Monitoring Firm Westchester Enviro		Owner (8)		ASCM 0012			Name GL G		lement Cont Inc	tractor ((9)					
Street Address 307 North Walnut S	Street			i		2	Street . 140 H		s urg Tpke	Y A						
City, State, Zip Code West Chester, PA	19380	2		-					p Code lale, NJ 0	7403						
Project Manager for Mo				Telephor	ne No. 1-7545		Teleph (201)	one No 1710-9			License 01084					
Start Date (10) 7-17-2015	Date (10) Scheduled Completion Date (11)								IA Monitor							
Occupancy Status Durin	ng Abatement (Chec	The OENDERVIEW			-		Street	Addres	SS							
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr	Period of A	baten	nent					urg Tpke p Code	<u> </u>						
Other – Describe:							Bloom	mingo	dale, NJ 0	7403						
Scope of Work (Check A	All That Apply)						-	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Description 1	enova				×	Mir Glo	I Containme ni-Enclosure ovebag Proc	edure	8				•	
		1	Waster transport					1 100	n-Exempted	() and	I NOII-FII	able r			ement	
Locatio	- af		Locat lormal			De	escription	of						Ту	ре	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Ma	Normally Ed Solely by intenance/ todial Staff? (12) Asbestos Co (i.e. therm sur				ntaining M	Material s insula T, or		(S	mount pecify or LF)	To the second	Removal	Repair	Encapsulate	Enclosure
Lieller		103	No	N/A		Di	pe Fittir	20		200	fittings	X				
Hallwa	ays		X		114	ri.	pe min	ig ,		200	nungs	- A				
					10											
						100000000										
Name of Registered Wa	ste Hauler		100	JDEP W		100000000000000000000000000000000000000	c Yards		Name of I	Registe	red Land	fill				
GL Group, Inc	0 H			lauler ID 033034		of Wa		8	GROW							
City, State Bloomingdale, NJ						TBD	osal Date		City, State Morrisvi		A					
Completed by Elena Solakov	Completed by Title								Ceru Sa	lulla	از	Date 7-14	-20)15		

EDS15-227

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

Page 1 of 2 Check #1495

Date of Notification (1) 7-9-2015			Building O				9	f) 5 - 2 - 2 - 4	V 5-	-111.75				
Agencies Notified Type Notification			treet Ad 175 Le	dress emoine	Avenu	е	DOM:	27		11/ 55 p	X.1;	: 2;	7	
EPA Initial DEP Amended Amendment #_			ity, State ort Le	e, Zip Coo e, NJ	le			=	4	The state of				
	duaing	10000		Contact eNichilo					Tele	ephone Num	ber			
			FACIL	ITY INFO	RMATIC	N	Torr	o of Espility /	1)	11/0				
Name of Facility Where Abatement is Taking F LEWIS F. COLE MIDDLE SCHOOL	Place (3)						×	School (K-1	2)	er than K-12	\			
Street Address 467 STILLWELL AVENUE								Other (i.e. p etc.)	rivate 8	& commercia	l build			s,
City (5) FORT LEE							40	uare Feet ,000 +	1	Floors	5	ldg. A O+	ge	
County (6) Bergen			County C STATE U	ode (7) ISE ONLY)	·		0.000000	rrent Use (Pri chool	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov Westchester Environmental	vner (8)		ASCM 00127					batement Cor up, Inc	tractor	(9)				
Street Address 307 North Walnut Street						Street 140		ress nburg Tpke						
City, State, Zip Code West Chester, PA 19380								, Zip Code gdale, NJ (7403					
Project Manager for Monitoring Firm Paul F. McCaa	Manager for Monitoring Firm							No. 0-9725		License No 01084	0.			
Start Date (10)	Scheduled	Com	pletion [Date (11)				SHA Monitor		÷.				
Occupancy Status During Abatement (Check)		**************************************		Street			***					
Facility Closed/Vacated During Entire Pe			ent			140	Har	nburg Tpke						
Abatement Performed Outside of Normal Other – Describe:	Facility F	lours						, Zip Code igdale, NJ (7403					
Scope of Work (Check All That Apply)			- 15 - 5 -											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Name and Address of the Address of t	novat moliti				> > >	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
	le l	ocatio	, I					TOTI EXCTIPE	() 2			Abate	ement	
Location of	No	rmall	y		Des	scription	n of					Ty	rpe I	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Custo	tenan dial S	ce/		thermal		ns ins	rial (ACM) sulation, or	(mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/A		other n	niscella	neou	ıs)			oval	air	sulate	sure
Music Room	X	INIA		Pin	e Fitti	ina		4	fittings	X				
Old Nurses Bathroom	X				e Fitti				9 LF					
Hall by Computer Room (paint. red)		X		P	ipe Fitt			pina		14 LF	X			
		X			ipe Ins					15 LF		X		
Hallways Name of Registered Waste Hauler			JDEP W		Cubic		1 1 1			ered Landfill	1			
GL Group, Inc			auler ID 33034		of Was		16 g	GROW						
City, State Bloomingdale, NJ		1//			Dispos TBD	sal Date	е	City, Star Morris						99
Completed by Elena Solakov	ent			S	Signatur	re (Elem S	lulli	Da 7-	ite 9-20	15			

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

Page 2 of 2

CONTINUATION SHEET

				39			Abaten	nent Typ	e
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	estos-Containing Used Material (ACM) Solely by (i.e. thermal systems, D BE ABATED Maintenance insulation surfacing VAT			Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R II P A - R	ENCAPSJL	ENCLOSURE
Id Computer Poom	Yes		N/A	Floor Tile and Mastic	3 SF			-	-
na Computer Room		^		Floor Tile and Mastic	3 31	^			
	_				1	 			
	1								
		1472							
				84					
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	_						-		
							-	-	

Completed By: (Print or Type)	Title	Signature Date
Elena Solakov	President	Cerson Scholle 12015

CK 38390

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:-120-7)

CL 3)0 -					AC 8:60-7 and			D.F.							
Date of Notification (1) 07/21/15					Name of Building Owner/Operator (2) Princeton University											
Month/Dav/Year					Princeton University 2815 JUL 22 1811-20											
Agency Notified		Street Add	dress		9			2 1	1 - 2							
EPA	Type Not				P.O. box 2158											
DEP		No	tificat	ion	City, State, Zip Code											
DCA		Ame	nded		Princeton	Princeton NJ 08543										
DOH	ion	Name of C	Contact			Telenha-		_r								
Cancellatio					Robert Ot	ego		1041								
					FACILI	TY INFORMA	TION		-							
Name of Facility Where Abat Princeton University New	aking seme	Place	(3)				Type of Facility (4) School (K12)									
Street Address							Subchapter 8 (Other than K12) X Other (i. e. Private & commercial									
New South							buildings, homes, etc.)									
								Square Feet	# of Floors Bldg. Age							
City (5)	City (5) County (6)					County Code	(7)	10000	5		70+	110				
Princeton						(STATE USE ONL	Y)	Current Use (Prior if being demolished)								
							-	University								
Name of Monitoring Firm Hi CARDNO ATC Associates, In	ding	Owne	r (8)		ASCM No.		e of Abatement Contractor (9) ciated Specialty Contracting									
Street Address						Street	ddress									
3 Terri Lane						98 La	CaCrue Avenue									
City, State, Zip Code			City, S	ity, State, Zip Code												
Burlington NJ 08016				Glen I	Glen Mills, PA 19342											
Project Manager of Monitori Mike Keehn		Telephone 609-386-88			Celephone Number Licence Number 10-364-9622 1103											
Scheduled Start Date (10)	d. Cor	npletion Date	e (11)	Name of OSHA Monitor												
07/30/15		07/31/15			Criterion Labs											
Month/Day/Year			· M	onth/Day/Ye	ar											
Occupancy Status During Ab	Street Address															
Facility Closed/Vacate	3370 Progresive Drive															
x Abatement Performed		City, State, Zip Code														
Hours - Describe:		Bensalem PA 19020														
Other - Describe:																
Scope of work (Check all that	apply)						11	Full Containmen	t with Nes	ativ	e Press	ure				
Demolition	x	Renovation	n		Mini - Enclosure											
x > 3 sf or > 3 if							Glovebag Procedure									
>160 sf or >260 lf							x Non-Friable Procedure									
			Is						Δb	patement Type						
Location of		Lo	catio	n	Desc	cription of				23.0	T T	E	E			
Asbestos - Containing Normally				v	55,500	os-Containing		Amount		R		N	N			
Material (ACM) Used					100	rial (ACM)		(Specify		E	R	C	C			
TO BE ABATED Solely						ermal systems		SF or	- 1	M	E	A	L			
In Facility by Main- (13) tenance/						, surfacing, VA	Г,	LF)		0	P	P	0			
Affectation As District					or other	miscellaneous)				V	A	S	S			
	Custodial Staff (12)								A	I	U	U				
	Yes	No	N/A			1			L	R	L	R				
Basement			x	TWEE	floor tile			20 SF	x				E			
									. x							
										-	-					
			_						X							
								7.00								
Name of Registered Waste Hauler NJDE					EP Waste	Cubic Yards	Name of Registered Landfill									
					er ID No.	of Waste	GROWS									
City, State Voorhees NJ						Disposal Date As needed		City, State Morrisville PA								
Completed By (Print or Type) Title						1	Signat	ure /		-		Date				
				ct Manager		Markelian Date 72/						1-15				
ABS-41				-3-			1//(mysself	on			10	113			

JUN 95

OK 4192

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

PECE./ED

Date of Notification (1) July 21, 2015				Name of Building Owner/Operator (2) Cocca Development LTD 2915 JUL 22 AH 11: 21													
Agencies Notified	Type Notification	10.00	Street Address														
DEP DOL	Amended Amendment				te, Zip Coo nan, OH		2	# 400 # SSESTED CATEOL & LICENSING Telephone Number									
⊠ DOH □ DCA	Emergency (justification) Cancellation	including	- 1 8	Name of Loni Co	Contact												
				FACIL	ITY INFO	RMATIC	ON			-							
Name of Facility Where Manischevitz Prope		1 AGILIT IN GRIMATION					Type of Facility (4) School (K-12)										
Street Address 214 N. Delsea Driv							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Vineland							re Feet	1000	dg. A)+	ge							
County (6) Cumberland					Code (7) ISE ONLY)		Current Use (Prior if being demolished) Food Processing										
Name of Monitoring Firm Hired by Building Owner (8) N/A				1				Name of Abatement Contractor (9) ecoservices, LLC									
Street Address					4		Street	et Address West Lincoln Highway, Suite 500									
City, State, Zip Code						City, State, Zip Code Exton, PA 19341											
Project Manager for Monitoring Firm					ne No.		Teleph	none N 872-8	lo.		License No. 01161						
Start Date (10) August 3, 2015	i Com 14, 2		Date (11)		Name of OSHA Monitor EMSL												
Occupancy Status During Abatement (Check Only One)									Street Address								
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hot				ement					Route 130 North								
Other – Describe:	Hours	A000.00					State, Zip Code nnaminson, NJ 08077										
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	ocatio	on				NO NO	on-Exempted	(^) and	Abatement								
Location of Norm				у		Des	scription	n of					Ту	ре	T		
Asbestos-Containing Material (ACM) TO BE ABATED Used S Mainte			itenar	nce/		tos Cont thermal	aining N system	Material (ACM) s insulation,		Amount (Specify		Rer	Re	Encapsulate	Encl		
In Facility (13) Yes N							cing, VA niscellar			SF or LF)		Remova	Repair	psula	Enclosure		
				N/A X										te	to .		
Exter	Exterior				Do	oor and	d wind	ow caulk 3			00 SF	X					
												-					
		+++															
Name of Registered Waste Hauler Waste Management of NJ				JDEP Wauler ID		Cubic of Was			100000000000000000000000000000000000000	Registered Landfill erland County Landfill							
City, State				Disposal E													
Trenton, NJ Completed by Title					TBD				Millville, NJ								
Completed by Jack Bally	oject	ect Manager Signatu					Ul Bally 500 Date 7/21/15										
ASB-41 (R-06-08)						(/ * Do n	ot use	this form for	asbes	tos licensure	e exen	npted	activi	ities.		