# State of NJ
## Notification of Asbestos Abatement
(Pursuant to NJ 8:6D and 12:120)

**Date of Notification (1):** 07/24/18

**Name of Building Owner/Operator (2):** ALLISON LIM

**Street Address:**

**City, State, Zip Code:**

**Name of Contact:** ALLISON LIM

**Telephone Number:**

### FACILITY INFORMATION

**Name of facility where abatement is taking place (3):**

**ALLISON LIM**

**Street Address:**

**City (5):**

**County (6):**

**County Code (7):** (State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (8):**

**ASCM No.:**

**Name of Abatement Contractor (9):** D & S RESTORATION, INC.

**Street Address:**

**City, State, Zip Code:**

**Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OSHA Monitor:**

**Street Address:**

**City, State, Zip Code:**

**Project Manager for Monitoring Firm:**

**Phone Number:**

**Start Date (10):** 07/24/18

**Sched. Completion Date (11):** 08/16/18

**Occupancy Status During Abatement (Check only one):**

- [ ] Facility closed/vacated during entire period of abatement.
- [x] Abatement performed outside of normal facility hours.
- [ ] Other-Describe:

**Scope of Work (check all that apply):**

- [x] >2 sf or >2 if
- [x] Renovation
- [ ] >160 sf or >280 if
- [ ] Demolition

### Description of asbestos-containing material (ACM) to be abated in facility (13):

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT/GARAGE</td>
<td>[x]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>PIPE INSULATION (5 RISERS)</td>
<td>45 LF</td>
</tr>
<tr>
<td>FIRST FLOOR</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>PIPE INSULATION (WATER PIPE)</td>
<td>35 LF</td>
</tr>
<tr>
<td>BASEMENT/GARAGE</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>PIPE INSULATION</td>
<td>110 LF</td>
</tr>
<tr>
<td>BASEMENT/GARAGE (ABOVE CEILING)</td>
<td>[ ]</td>
<td>[x]</td>
<td>[ ]</td>
<td>PIPE INSULATION</td>
<td>45 LF</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

**NJDEP Hauler ID#:** 13506

**Cubic Yards of Waste:** 3 YDS

**Name of Registered Landfill:** TULLY TOWN, RESOURCE RECOVERY

**City, State:**

**Disposal Date:** 07/25/18

**Completed by (Print or Type):** BOGDAN JOLDAZIC

**Title:** PRESIDENT

**Signature:**

**Date:** 07/20/2018
<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (19)</th>
<th>Amount (Specify SF or LF)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foyer</td>
<td>140SF</td>
<td>Floor Tile / Mastic</td>
<td></td>
</tr>
</tbody>
</table>

**Asbestos Abatement Notification**

**Date of Notification:** 07/23/2018

**Name:** Island Heights Public Schools

**Street Address:** 115 Summit Ave

**City, State, Zip Code:** Island Heights, NJ 08732

**Name of Building Owner/Operator:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:** (732) 928-1248

**County:**

**County Code:**

**Type of Facility:**

**Type of Building:**

**Type of Abatement:**

**Method:**

**Occupancy Status During Abatement:**

**Date of Completion:** 07/30/2018

**Supervisor:**

**License No.:** 01181

**Contractor:** Hazmat Diagnostic LLC

**Address:** 16 Glenwild Ave

**City:** Bloomingdale

**State:** NJ

**Zip Code:** 07403

**Name of Contractor:** Hazmat Diagnostic LLC

**Address:** 16 Glenwild Ave

**City:** Bloomingdale

**State:** NJ

**Zip Code:** 07403

**Name of Licensed Waste Hauler:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Disposal Date:** TBD

**Number of Cubic Yards:** TBD

**Registration Number:** 0035440

**Name of Registered Waste Hauler:**

**Position:** Administrative Assistant

**Signature:**

**Date:** 07/23/2018

**Note:** Do not use this form for asbestos license exempted activities.
Date of Notification (1) 07/19/2018
Name of Building Owner/Operator (2) Bernards Township School District

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA
Type Notification
- Initial
- Amended
- Amendment # __
- Emergency (including justification)
- Cancellation

Street Address
101 Peachtree Road
City, State, Zip Code
Basking Ridge NJ 07920

Name of Contact
Roderic McLaughlin
Telephone Number
(908) 204-2600

Name of Facility Where Abatement is Taking Place (3)
Oak Street Elementary School

County Code (7)
County Code
Somerset

Square Feet
90,000

# of Floors
1

Bldg. Age
30+ years

Type of Abatement Contractor (9)
Name of Abatement Contractor
Savic Construction Corp

Name of Monitoring Firm Hired by Building Owner (8)
AHERA Consultants
ASCN No.
0057

Street Address
PO Box 335
City, State, Zip Code
Oceanville, NJ, 08231-0385

Name of OSHA Monitor
Savic Construction Corp

Project Manager for Monitoring Firm
John Smycer
Telephone No.
609-652-1833

Street Address
205 Route 46 Suite 15
City, State, Zip Code
Totowa, NJ 07512

License No.
01034

Start Date (10)
08/06/2018

Scheduled Completion Date (11)
08/10/2018

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other – Describe:

Scope of Work (Check All That Apply)
- ≥3 sf or ≥3 if
- ≥180 sf or ≥260 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED

<table>
<thead>
<tr>
<th>ACM Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom 41</td>
<td>X</td>
<td>VAT &amp; mastic</td>
<td>1080 SF</td>
<td>x x</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Savic Construction Corp

Cubic Yards of Waste

Name of Registered Landfill
GROWS

Disposal Date
07/10/2017

City, State
Totowa NJ

Name of Registered Landfill
GROWS

Disposal Date
07/10/2017

City, State
Morrisville, PA

Completed by
Sava Savic
Title
President

Signature
Date
07/19/2018

* Do not use this form for asbestos licensure exempted activities.
### Notification of Asbestos Abatement

**Date of Notification:** 07/17/18

- **Name of Building Owner/Operator:** Kay Zhu
- **Street Address:** Glen Rock, NJ 07452
- **City, State, Zip Code:** Glen Rock, NJ 07452

### Facility Information

- **Name of Facility Where Abatement is Taking Place:** Kay Zhu
- **Type of Facility:**
  - School (K-12)
  - Subchapter 8 (Other than K-12)
  - Other (Private/Commercial Bldgs./Homes, etc.)

### Scope of Work

- **Scope of Work:**
  - >1 sf or >3 if
  - Renovation
  - >160 sf or >260 if
  - Demolition

### Location of Asbestos-Containing Material (ACM)

- **Basement (inside wood enclosure):**
  - Yes: X
  - No: X
  - N/A: X

### Description of Asbestos-Containing Material (ACM)

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Description of ACM</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>45.1 ft</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pipe Insulation</td>
<td>10.1 ft</td>
</tr>
</tbody>
</table>

### Registered Waste Hauler

- **Name of Registered Landfill:** Tullytown, Resource Recovery
- **City, State:** Tullytown, PA
- **Disposal Date:** 08/01/18
- **Cubic Yards of Waste:** 1 yd.

### Authorized Signature

- **Completion Date:** 07/19/2018
- **Signature:** Bogdan Joldzic
- **Title:** President
- **City, State:** Paterson, NJ 07503
**Facility Information**

Name of Facility Where Abatement is Taking Place (3):
Labor Education Center

Street Address:
50 Labor Center Way

City (5):
New Brunswick

County (6):
Middlesex

Name of Monitoring Firm Hired by Building Owner (8):
ATC Group Services

Street Address:
3 Trini Lane, Suite 4 - 5

City, State, Zip Code:
Burlington, NJ

Project Manager for Monitoring Firm:
Brian Kearney

Telephone No.:
609-386-8800

Start Date (10):
5/23/18

Scheduled Completion Date (11):
8/31/18

Occupancy Status During Abatement (Check Only One):

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe: 4 pm - 12 am

Scope of Work (Check All That Apply):

- 2 SF or 23 If
- 160 SF or 260 If
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13):

<table>
<thead>
<tr>
<th>Building</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6109, Basement, Chase</td>
<td>Pipe fitting insulation*</td>
<td>110 LF</td>
</tr>
<tr>
<td>6109, Floor 1</td>
<td>Pipe fitting insulation*</td>
<td>110 LF</td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):

<table>
<thead>
<tr>
<th>Building</th>
<th>Normal Use</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>6109, Basement, Chase</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>6109, Floor 1</td>
<td>Yes</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous):

- Pipe fitting insulation*

- Cut and wrap procedure

Name of Registered Waste Hauler:
Waste Management of NJ

NJ/DEP Waste Hauler ID No.:

Cubic Yards of Waste:
20

Name of Registered Landfill:
GROWS Landfill

City, State:
Trenton, NJ

Disposal Date:
TBD

City, State:
Morristown, PA

Completed by:
Jack Bally

Title:
Sr. Project Manager

Signature:
Jack Bally

Date:
7/24/18

Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Date of Notification (1) 07 / 20 / 18

Name of Building Owner / Operator (2) HUDSON RIVER ASSOCIATES, LLC

Street Address 1000 PORTSIDE DRIVE
City, State, Zip Code EDGEWATER, NJ 07020

Name of Contact DANNY DAIBES
Telephone Number 201-840-0060

AGENCIES NOTIFIED
☐ EPA
☐ DEP
☐ DOH
☐ DOL
☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency w/ Justification
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 115 RIVER ROAD

Street Address 115 RIVER ROAD

City (6) EDGELANDER COUNTY Code (7) Bergen
Name of Monitoring Firm Hired by Bldg. Owner (8) AET
Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private & commercial bldgs., homes, etc.)

Square Feet 35,000
# Of Floors 3
Building Age 40+

Current Use (Prior if being demolished) OFFICE

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.
Street Address 32 Williams Parkway

City, State, Zip Code EDGEWATER, NJ 07020

Project Mgr. For Monitoring Firm Eric Houseknecht
Telephone Number 908-248-1188

Scheduled Start Date (10) 07 / 30 / 18
Scheduled Completion Date (11) 10 / 31 / 18

Occupancy Status During Abatement (Check Only 1)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility
☐ Other - Describe: 7:00AM - 3:00PM MON-FRI

Scope of Work (Check All That Apply)
☐ Demolition
☐ Renovation
☐ Full Containment with Negative Pressure
☐ 2600 sf or >2600
☐ Non-Exempt (*) and Non-Friable Procedure
☐ Full Enclosure
☐ Glovebag Procedure
☐ Non-Exempt (*) and Non-Friable Procedure
☐ Full Enclosure

Location of Asbestos Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos Containing Material (ACM) in Facility (13)</th>
<th>Is Normally Used Solely by Maintenance/ Custodial Staff (12)</th>
<th>Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF TAR SEALANT</td>
<td>YES NO N/A</td>
<td>3,200 SF</td>
<td>REMOVAL</td>
</tr>
<tr>
<td>ROOF COPING TAR</td>
<td>YES NO N/A</td>
<td>2,300 SF</td>
<td>REPAIR</td>
</tr>
<tr>
<td>ROOF FLASHING</td>
<td>YES NO N/A</td>
<td>8,000 SF</td>
<td>CLOSURE</td>
</tr>
<tr>
<td>ROOF ROOFING</td>
<td>YES NO N/A</td>
<td>8,000 SF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.
NJ DEP Waste Hauler ID No. FAIRLESS LANDFILL
Cubic Yards of Waste FAIRLESS LANDFILL

City, State EAST HANOVER, NJ 07936
Disposal Date 07/24/18

Completed by (Print or Type) Steve Stiles
Title Project Manager
Signature
Date 07/24/18
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)
7 / 19 / 18

Name of Building Owner/Operator (2)
Victaulic REH, LLC

Agency Notified
□ EPA
□ DOCLD
□ DOH
□ DCA
(NJAC 5:23-8)

Type Notification
□ Initial
□ Amended
□ Amendment #
□ Emergency (including justification)
□ Cancellation

Street Address
4901 Kesslersville Road
City, State, Zip Code
Easton, PA 18044-0031

Name of Contact
Kraig Hume
Telephone Number
610-559-3300

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Victaulic REH, LLC - Building #2

Street Address
119 Edison Road
City (5)
Stewartsville
County (6)
Warren

County Code (?)/STATE USE ONLY)

Current Use (Prior if being demolished)
vacant

Type of Facility (4)
□ School (K-12)
□ Subchapter 8 (Other than K-12)
□ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
20,800
# of Floors
1
Bldg. Age
112

Name of Monitoring Firm Hired by Building Owner (3)
EMI

ASCM No.

Name of Abatement Contractor (3)
Neuber Environmental Services, Inc.

Street Address
34 East Germantown Pike, Suite 204
City, State, Zip Code
East Norriton, PA 19041

Telephone No.
610-277-0405

License No.
610-933-4332
00836

Project Manager for Monitoring Firm
Ray Giordano

Name of OSHA Monitor
Neuber Environmental Services, Inc.

Street Address
1100 Groszer Road, Suite C
City, State, Zip Code
Gilbertsville, PA 19525

Start Date (10)
8 / 6 / 18

Scheduled Completion Date (11)
10 / 1 / 18

Occupancy Status During Abatement (Check only one)
□ Facility Closed/Vacated During Entire Period of Abatement
□ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: __AM-__PM/__;__PM-__;__AM

Scope of Work (Check all that apply)
□ ≥3 sf or ≥3 if
□ ≥160 sf or ≥260 if
□ Renovation
□ Demolition
□ Full Containment with Negative Pressure
□ Mini-Enclosure
□ Glovebag Procedure
□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility

Yes
No
N/A

Is Location Normally Used Solely by Maintenance/Custodial Staff?

Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
Removal
Repair
Encapsulate
Endoasbestos

Name of Registered Waste Hauler
Clean Harbors Environmental Services, Inc.

Waste Connections
NJDEP Waste Hauler ID No.
16866
Cubic Yards of Waste
~40
Name of Registered Landfill
Disposal Date
8/2018
City, State
Norwell, MA
Bethlehem, PA

Completed By (Print or Type)
Timothy Walter
Title
Project Manager
Signature
Date
7/19/18

* Do not use this form for asbestos licensure exempted activities.
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 05/10/2018
Name of Building Owner/Operator (2) 33 Washington Street, LLC

Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA
Type of Notification (X) Initial Notification ( ) Amended
( ) Amendment # (X) Emergency (including justification) ( ) Cancellation

Name of Facility Where Abatement is Taking Place (3)
Commercial Property 33 Washington Street

Street Address 33 Washington Street
City, State, Zip Code Newark, NJ 07102

Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc
Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.

Street Address 3300 Hudson Avenue
City, State, Zip Code Union City, NJ 07087

Project Manager for Monitoring Firm David Camacho
Telephone Number (201)325-0055

Scheduled Start Date (10) 05/11/2018
Scheduled Completion Date (11) 05/16/2018

Facility Information

Sq. Feet: 200,000 sf # of Floors 19 Bldg. Age 80
Current Use (if being demolished):

Source of Work (Check all that apply) (X) Demolition ( ) Renovation
( ) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure
( ) Small Project ( >25 <160 SF or >10 <260 LF ACM) ( ) Min-Enclosure
( ) Large Project (>160 SF or > 260 LF ACM) ( ) Glove-bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)

<table>
<thead>
<tr>
<th>Location normally used solely by maintenance or custodial staff?</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement storage room</td>
<td>X</td>
<td>VAT Floor Tile</td>
<td>~ 300 SFT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
Newark Carting
NJDEP Waste Hauler ID # 04509

City, State 369 Raymond Blvd., Newark, NJ 07105
Disp. Date 05/16/2018

Completed by (Print or Type) Title Signature Date
David Camacho Project Supervisor 05/10/2018
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Date of Notification (1):** 07/24/18

**Name of Building Owner/Operator (2):** ALLISON LIM

**Street Address:**

**City, State, Zip Code:** HO HO KUS, NJ 07423

**Name of Contact:** ALLISON LIM

**Telephone Number:**

**FACILITY INFORMATION**

**Name of facility where abatement is taking place (3):**

**ALLISON LIM**

**Street Address:**

**City (5):** HO HO KUS

**County (6):** bergen

**County Code (7):** (State use only)

**Name of Monitoring Firm Hired by Bldg. Owner (8):**

**ASCM No.:**

**Name of Abatement Contractor (9):**

**D & S RESTORATION, INC.**

**Street Address:** 20 California Ave.

**City, State, Zip Code:** Paterson, NJ 07503

**Telephone Number:** 973-345-8020

**License Number:** 01169

**Name of OSHA Monitor:**

**D & S Restoration, Inc.**

**Street Address:** 20 California Avenue

**City, State, Zip Code:** Paterson, NJ 07503

**Occuancy Status During Abatement (Check only one):**

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours:
  - Describe: NORMAL HOURS

**Start Date (10):** 07/24/18

**Sched. Completion Date (11):** 08/16/18

**Scope of Work (check all that apply):**

- >3 sf or >3 if
- Renovation
- Full Containment w/negative pressure
- Gloves/bags procedure
- Non-Exempted (*) and Non-friable procedure

**Location of asbestos-containing material (acm) to be abated in facility (13):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Removal</th>
<th>Repair</th>
<th>Encap</th>
<th>ENCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT/GARAGE</td>
<td>Yes</td>
<td>PIPE INSULATION (5 RISERS)</td>
<td>45 L FT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>FIRST FLOOR</td>
<td>Yes</td>
<td>PIPE INSULATION (WATER PIPE)</td>
<td>35 L FT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT/GARAGE</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>110 L FT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BASEMENT/GARAGE (ABOVE CEILING)</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>45 L FT</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler:**

**D & S RESTORATION, INC.**

**NJDEP Hauler ID#:** 13506

**Cubic Yards of Waste:** 3 YDS

**Name of Registered Landfill:** TULLYTOWN, RESOURCE RECOVERY

**City, State:** PATerson, NJ 07503

**Disposal Date:** 07/25/18

**Completed by (Print or Type):**

**BOGDAN JOLDZIC**

**Title:** PRESIDENT

**Signature:**

**Date:** 07/20/2018
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:50-8 and 12:19A-1)

---

**Date of Notification (1):**
07/23/2018

**Name of Building Owner/Operator (2):**
Island Heights Public Schools

**Address:**
116 Summit Ave

**City, State, Zip Code:**
Island Heights, NJ 08733

**Name of Contact:***
Lil Brendel

**Telephone Number:**
(732) 929-1248

---

**Name of Facility Where Abatement is Taking Place (3):**
Island Heights Elementary School

**Type of Facility (4):**
School

**Square Feet:**
6,000

**FACILITY INFORMATION**

**County Code:**
607

**County Code (State Use Only):**
607

**Current Use:**
School

**Project/Manager for Monitoring Firm:**
Jim Sulland

**Telephone No.:**
(609) 600-1585

**License No.:**
0003

**Number of Abatement Control(s):**
Hazard Diagnostics LLC

**Street Address:**
16 Glenwild Ave

**City, State, Zip Code:**
Bloomfield, NJ 07003

**Scheduled Completion Date (11):**
07/30/2018

---

**Location of Asbestos-Containing Material (ACM) TO BE ABATED (10):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foyer</td>
<td>Floor Tile / Mastic</td>
<td>140SF</td>
<td>X</td>
</tr>
</tbody>
</table>

---

**Name of Registered Waste Hauler:**
Hazard Diagnostics LLC

**City, State:**
Bloomfield, NJ

**Disposal Date:**
TBD

---

**Administrative Assistant:**
Tatiana Rotaru

**Date:**
07/23/2018

---

*Do not use this form for asbestos surveillance exempted activities*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator:** Bernard Township School District

**Name of Facility Where Abatement is Taking Place:** Oak Street Elementary School

**Type of Facility:** School (K-12)

**County Code:** (STATE USE ONLY)

**Street Address:** 101 Peachtree Road

**City:** Basking Ridge

**Zip Code:** 07920

**Type of Abatement Contract:** Public School

**Name of Monitoring Firm:** ASCM No. 0057

**Name of Abatement Contractor:** Savic Construction Corp

**Street Address:** PO Box 385

**City, State, Zip Code:** Oceana, NJ, 08231-0385

**Telephone No.:** 609-652-1833

**Telephone No.:** 973-339-9735

**License No.:** 01034

**City, State, Zip Code:** Totowa, NJ 07512

**Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Description</th>
<th>Amount (SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom 41</td>
<td>VAT &amp; mastic</td>
<td>1080 SF</td>
</tr>
</tbody>
</table>

**Location Normally Used Solely by Maintenance/Custodial Staff:** No

**Abatement Type:**

- Removal
- Repair
- Encapsulate
- Encase

**Disposal Date:** 07/10/2017

**City, State:** Totowa, NJ

**Waste Hauler:** NJ/DEP Waste Hauler ID No.: 109596

**Name of Registered Landfill:** GROWS

**Date:** 07/19/2018

---

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJ 8:69 and 17:120)

Date of Notification (1)
[10/12/11 10/11/18]

Name of Building Owner/Operator (2)
Kay Zhu

 Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Emergency (including justification)
☐ Amendment #:

Street Address

City, State, Zip Code
glen rock, NJ 07452

Name of Contact
Kay Zhu

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Kay Zhu

Street Address

City (5)
glen rock

County (6)
bergen

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☒ Abatement performed outside of normal facility hours-
Describe:

Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 if
☒ >160 sf or >260 sf
☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff(12)
Yes
No
N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Removal
Repair
Encapsulation

BASEMENT

basement (inside wood enclosure)

PIPE INSULATION
45 1 ft

PIPE INSULATION
10 1 ft

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID# 13506

Cubic Yards of Waste
1 yd.

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERNSON, NJ 07503

Disposal Date
08/01/18

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
07/19/2018
### Facility Information

- **Name of Facility Where Abatement is Taking Place:** Labor Education Center
- **Street Address:** 50 Labor Center Way
- **City:** New Brunswick
- **County:** Middlesex
- **Name of Monitoring Firm Hired by Building Owner:** ATC Group Services
- **Name of Abatement Contractor:** ecoservices, LLC
- **Start Date:** 5/23/18
- **Scheduled Completion Date:** 8/31/18
- **Type of Work:** Renovation
- **Scope of Work:** 12,000 square feet
- **Location of Asbestos-Containing Material (ACM) TO BE ABATED:**
  - Bldg. 6109, Basement, Chase: Pipe fitting insulation, 110 LF
  - Bldg. 6109, Floor 1: Pipe fitting insulation, 110 LF
- **Name of Registered Waste Hauler:** Waste Management of NJ
- **Name of Registered Landfill:** GROWS Landfill

### Additional Information
- **License No.:** 01161
- **Street Address:**
  - New Brunswick, NJ
  - Burlington, NJ
  - Exton, PA 19341
  - Cinnaminson, NJ
- **Occupancy Status During Abatement:** Facility Closed/Vacated During Entire Period of Abatement
- **Description of Asbestos Containing Material (ACM):**
  - Pipe fitting insulation
- **Amount (Specify SF or LF):** 110 LF
- **Full Containment with Negative Pressure:**
- **Mini-Enclosure:**
- **Glovebag Procedure:**
- **Non-Exempted (*) and Non-Friable Procedure:**
- **Name of OSHA Monitor:** EMSL

### Notes
- **Date:** 7/24/18
- **Signature:** Jack Bally

---

*Do not use this form for asbestos licensure exempted activities.*
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 6:60-7 AND 12:120-7)

Date of Notification (1) 07/20/18

Name of Building Owner / Operator (2) HUDSON RIVER ASSOCIATES, LLC

Street Address 1000 PORTSIDE DRIVE
City, State, Zip Code EDGEWATER, NJ 07020

Name of Contact DANNY DAIRES
Telephone Number 201-840-0050

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 115 RIVER ROAD

Street Address 115 RIVER ROAD

City (5) EDGEBATER County (6) Bergen County Code (7)

Square Feet 35,000 # Of Floors 3 Building Age 40 +

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM N/A

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (i.e., private & commercial bldgs., homes, etc.)

Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.

Street Address 32 Williams Parkway
City, State, Zip Code East Hanover, NJ 07936

Telephone Number 973-884-3862 License Number 00860

Scheduled Start Date (10) 07/30/18 Sched. Completion Date (11) 08/31/18

Occupancy Status During Abatement (Check Only 1)
- Facility Closed/Vacated During Entire Period of
  Abatement
- Abatement Performed Outside of Normal Facility
- Other - Describe: 7:00AM - 3:30PM MON-FRI

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC

ROOF TAR SEALANT 3,200 SF
ROOF COPING TAR 2,300 SF
ROOF FLASHING 8,000 SF
ROOF ROOFING 8,000 SF

TAR SEALANT 3,200 SF
CUBIC YARDS OF WASTE
FAIRLESS LANDFILL

City, State EAST HANOVER, NJ 07936
Disposal Date

Completed by (Print or Type) Title Signature Date

Steve Stiles Project Manager 07/24/18
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  7 / 19 / 18

Name of Building Owner/Operator (2) Victaulic REH, LLC

Agencies Notified
☐ EPA
☐ DOLWD
☐ DOH
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☐ Amended
☐ Amendment #___
☐ Emergency (including justification)
☐ Cancellation

Street Address
4901 Kesslelerville Road
City, State, Zip Code
Easton, PA 18044-0031

Name of Contact
Kraig Hume
Telephone Number
610-559-3300

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Victaulic REH, LLC - Building #2

Street Address
119 Edison Road
City (5)
Stewartsville
County (6)
Warren

County Code (?)/STATE USE ONLY

Current Use (Prior if being demolished)
vacant

Name of Monitoring Firm Hired by Building Owner (8)
EMI

ASCM No.

Name of Abatement Contractor (9)
Neuber Environmental Services, Inc.

Street Address
34 East Germantown Pike, Suite 204
City, State, Zip Code
East Norriton, PA 19401

Telephone No.
610-277-0405

License No.
00836

Name of OSHA Monitor
Neuber Environmental Services, Inc

Street Address
1100 Grosser Road, Suite C
City, State, Zip Code
Gilbertsville, PA 19525

Project Manager for Monitoring Firm
Ray Giordano

Start Date (10)  8 / 6 / 18

Scheduled Completion Date (11)  10 / 1 / 18

Occupy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: ___AM-____PM-____PM-____AM

Scope of Work (Check all that apply)
☐ ≥ 3 sf or ≥ 3 If
☐ ≥ 160 sf or ≥ 280 If
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility (13)

Yes
No
N/A

Location of Asbestos-Containing Material (ACM)
NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF?
(12)

Is Location
Yes
No
N/A

Description of Asbestos Containing Material (ACM)
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
☐ Removal
☐ Repair
☐ Encapsulate
☐ Endorse

Name of Registered Waste Hauler
Clean Harbors Environmental Services,

NJDEP Waste Hauler ID No.
16686

Cubic Yards of Waste
~ 40

Name of Registered Landfill

Disposal Date
8/2018

Waste Connections
City, State
Bethlehem, PA

Completed By (Print or Type)
Timothy Walter

Title
Project Manager

Signature

Date
7-17-18

* Do not use this form for asbestos licensure exempted activities.
<table>
<thead>
<tr>
<th>Material:</th>
<th>Location:</th>
<th>Quantity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cementitious Wall Patching</td>
<td>Building 3- On Walls as Patching and on Floor as Debris</td>
<td>5 ft²</td>
</tr>
<tr>
<td>Mastic/Waterproofing</td>
<td>Building 3- On Walls &amp; Ceiling</td>
<td>600 ft²</td>
</tr>
<tr>
<td></td>
<td>(EHI 12/11/09 report)</td>
<td></td>
</tr>
<tr>
<td><strong>Building #2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tar Flashing</td>
<td>Building 2- On Sloped Roof of Loading Dock as Perimeter Flashing against Building</td>
<td>100 LF</td>
</tr>
<tr>
<td>Roofing</td>
<td>North Slanted Portion of Roof (EHI 12/11/09 report)</td>
<td>2,200 ft²</td>
</tr>
<tr>
<td>White Building Caulk</td>
<td>Building 2- In Former Maintenance Shop along Exterior Wall- Expansion Wall Joint</td>
<td>180 LF</td>
</tr>
<tr>
<td>Tar Sealant</td>
<td>Building 2- Exterior Rear of Building on Collapsed Roof of Vault</td>
<td>25 ft²</td>
</tr>
<tr>
<td>Asphalitic Seam Material</td>
<td>Building 2- In Basement below rough Concrete on Columns</td>
<td>&lt;3 ft² per Column</td>
</tr>
<tr>
<td></td>
<td>(EHI 12/11/09 report)</td>
<td></td>
</tr>
</tbody>
</table>

**Removal**
**STATE OF NEW JERSEY DEPARTMENT OF LABOR, NOTIFICATION OF ASBESTOS ABATEMENT**

**Date of Notification:** 05/10/2018

**Agencies Notified:**
- (X) EPA
- (X) NJDEP
- (X) NJ DOH
- (X) DOH
- (X) DCA

**Type of Notification:**
- (X) Initial Notification
- ( ) Amended
- ( ) Amendment #
- (X) Emergency (including justification)
- ( ) Cancellation

**Name of Building Owner/Operator:** 33 Washington Street, LLC

**Street Address:** 33 Washington Street

**City, State, Zip Code:** Newark, NJ 07102

**Name of Contact:** Jared Berger

**ASBESTOS CONTROL & RPD 49 EPI 900-4310**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place:** Commercial Property 33 Washington Street

**Street Address:** 33 Washington Street

**City:** Newark
**County:** Hudson
**County Code:** (State Use Only)

**Name of Monitoring Firm Hired by Bldg. Owner:** ISES, Inc

**Street Address:** 3300 Hudson Avenue

**City, State, Zip Code:** Union City, NJ 07087

**Project Manager for Monitoring Firm:** David Camacho
**Telephone Number:** (201)325-0055

**Scheduled Start Date:** 05/11/2018
**Scheduled Completion Date:** 05/16/2018

**Occupancy Status During Abatement:** (X) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours -
  - ( ) Other - Describe:

**Source of Work:** ( ) Demolition
- ( ) Renovation
- (X) Full Containment with Negative Pressure
- ( ) Mini-Enclosure
- ( ) Glove-bag Procedure
- (X) Non-Exempted (*) and Non-Friable Procedure

**Location of Asbestos-Containing Material (ACM) To be Abated in Facility:**

<table>
<thead>
<tr>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal systems insulation, surfacing, VAT, or other miscellaneous.</td>
<td>~800 SFT</td>
<td>X</td>
</tr>
</tbody>
</table>

**Basement storage room:** X

**Name of Reg. Waste Hauler:** Newark Carting
**NJDEP Waste Hauler ID #:** 04509

**Cubic Yards of Waste:** 10

**Name of Reg. Landfill:** IESI BETHLEHEM LANDFILL

**City, State:** 369 Raymond Blvd., Newark, NJ 07105
**Disp. Date:** 05/16/2018

**City, State:** BETHLEHEM, PA 18015

**Completed by** (Print or Type):
- **Title:** Project Supervisor
- **Signature:**
- **Date:** 05/10/2018