**State of New Jersey**  
**NOTIFICATION OF ASPEROS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:1201)

**Date of Notification:** 7/22/16  
**Name of Building Owner/Operator:** COOPER A. PHELPS  
**Name of Contact:** Eric Plackis

---

**FACILITY INFORMATION**

- **Name of Facility Where Abatement is Taking Place:**  
  - **Street Address:**  
  - **City:** Edison  
  - **County:** Middlesex

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

- **Square Feet:** 837

- **Current Use:** Home

- **Name of Monitoring Firm Hired by Building Owner:**
  - **ASCM No.:**
  - **Name of Abatement Contractor:** Brick Industries Inc.

- **Start Date:** 1/23/16
  - **Scheduled Completion Date:** 1/30/16

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

- **Scope of Work:** Demolition

---

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

- **In Facility:**
  - **Yes:**
  - **No:**
  - **N/A:**

- **Description of Asbestos-Containing Material (ACM):**
  - **Amount:** 90 SF

- **Name of Registered Waste Hauler:** Brick Industries Inc.
   - **NJDPE Waste Hauler ID No.:** 21602

- **Name of Registered Landfill:** GROWS Inc.

- **City, State:** Brick, New Jersey

- **Completed by:** Eric Plackis
  - **Title:** President

---

**ASB-41 (R-06-08)**  
*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):** July 27, 2016  
**Name of Building Owner/Operator (2):** NJDOT  
**Street Address:** 1035 Parkway Ave; P.O. Box 600  
**City, State, Zip Code:** Trenton, NJ 08625  
**Name of Contact:** Karl Bevans  

**FACILITY INFORMATION**  
**Name of Facility Where Abatement is Taking Place (3):** NJDOT - Route 280, Route 21 Interchange Improvements  
**Street Address:** Rt 21 / Rt 280  
**City:** Newark  
**County:** Essex  
**Square Feet:** N/A  
**# of Floors:** N/A  
**Bldg. Age:** N/A  
**Type of Facility (4):**  
- [x] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [ ] Other (i.e. private & commercial buildings, homes, etc.)  
**Current Use (Prior to being demolished):** Bridge Structures  
**Name of Abatement Contractor (9):** George Harms Construction Co., Inc.  
**Street Address:** 62 Yellowbrook Road  
**City, State, Zip Code:** Howell, NJ 07731  
**License No.:** 01055  

**Start Date (10):** August 8, 2016  
**Scheduled Completion Date (11):** August 8, 2016  
**Name of OSHA Monitor:**  

**Occupancy Status During Abatement (Check Only One):**  
- [x] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other – Describe: Bridge Reconstruction / Demolition  

**Scope of Work (Check All That Apply):**  
- [ ] ≥300 sf or ≥3.0 if  
- [ ] ≥100 sf or ≥260 if  
- [x] Renovation  
- [x] Demolition  
- [x] Full Containment with Negative Pressure  
- [ ] Glovebag Procedure  
- [ ] Non-Exempted (*) and Non-Friable Procedure  

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

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**  
- [x] Yes  

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

**Amount (Specify SF or LF):** X  

**Name of Registered Waste Hauler:** Recovery Environmental Services  
**NJDEP Waste Hauler Id No.:** 32475  
**Cubic Yards of Waste:** 6  
**Name of Registered Landfill:** Waste Management  
**City, State:** Augusta, NJ  

**Completed by: Sam Hahn, Project Engineer**  
**Signature:** [Signature]  
**Date:** 7/27/2016

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 7 / 27 / 16
Name of Building Owner/Operator (2) 3 Clinton Street Partners, LLC

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

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

Street Address
71 Hyde Park
City, State, Zip Code
Doyles-town, PA 18902

Name of Contact
Joe Price

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Garage Structures

Street Address
3 Clinton Street

City (5)
Lambertville, NJ 08530

County (6)
Hunterdon

County Code (7) (STATE USE ONLY)

Square Feet
2000

# of Floors
1

Bldg. Age
50+

Current Use (Prior if being demolished)
Commercial Garage

Name of Monitoring Firm Hired by Building Owner (8)
Health & Safety Services

ASCN No.

Name of Abatement Contractor (9)
Controlled Environmental Systems

Street Address
1121 N. Bethlehem Pike - Suite 60

City, State, Zip Code
Spring House, PA 19477

Telephone No.
(856) 452-1311

License No.
00847

Name of OSHA Monitor
CES

Project Manager for Monitoring Firm
Jim Proctor

Start Date (10) 8 / 8 / 16
Scheduled Completion Date (11) 8 / 12 / 16

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: 7:00AM-5:00PM, PM-AM

Scope of Work (Check all that apply)
- 3sf or 3 sf
- 160sf 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
IN Facility

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

Location

Roof

East Garage window

Rear Side Wall

Name of Registered Waste Hauler
Geppert Recycling

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill
Western Berks Community Landfill

City, State
Hatfield, PA

Completed By (Print or Type)
Patricia Visco

Title
Office Manager

Signature

Disposal Date 8/12/16

City, State
Birdsboro, PA 19508

Date 7/27/16

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities.
**State of New Jersey**

**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 27 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>CP Haddon &amp; Copewood, LLC</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>- EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>- DOLWD</td>
<td></td>
</tr>
<tr>
<td>- DOH</td>
<td></td>
</tr>
<tr>
<td>- DCA (NJAC 5:23-8)</td>
<td>Amended</td>
</tr>
<tr>
<td></td>
<td>Amendment #</td>
</tr>
<tr>
<td></td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>826 Broadway, 9th Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Contact</td>
<td>Ahkilah Johnson</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Haddon Ave</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1675-1677- Building #1 HADDON AVENUE Residences</strong></td>
<td></td>
</tr>
<tr>
<td>City (5)</td>
<td>Camden</td>
</tr>
<tr>
<td>County (8)</td>
<td>CAMDEN</td>
</tr>
<tr>
<td>Square Feet</td>
<td>15,500</td>
</tr>
<tr>
<td># of Floors</td>
<td>1</td>
</tr>
<tr>
<td>Bldg. Age</td>
<td>50+</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td></td>
</tr>
<tr>
<td>Abandoned Commercial Facilities</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>ASCM No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Abatement Contractor (9) Controlled Environmental Systems</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>1121 N. Bethlehem Pike - Suite 60</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Spring House, PA 19477</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215 542 7000</td>
</tr>
<tr>
<td>License No.</td>
<td>00847</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 / 8 / 16</td>
<td>8 / 30 / 16</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM - 5:00PM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☑ ≥3 sf or ≥3 If</td>
</tr>
<tr>
<td>☑ 260 If</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Location Normally Used Solely by Maintenance/Custodial Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Registered Waste Hauler</td>
</tr>
<tr>
<td>BULL WASTE &amp; RECYCLING, INC</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
</tr>
<tr>
<td>City, State</td>
</tr>
<tr>
<td>Disposal Date</td>
</tr>
<tr>
<td>City, State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Visco</td>
</tr>
<tr>
<td>Office Manager</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7-22-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>MITCHEL NICHOLS</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>RIO GRANDE, NJ 08242</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>SAMI</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | RESIDENCE |
| Street Address | |
| City (5) | MIDDLE TWP. |
| County (6) | CAPE MAY |
| Name of Monitoring Firm Hired by Building Owner (8) | N/A |
| Name of Abatement Contractor (9) | Klemco Inc. |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |
| Project Manager for Monitoring Firm | |
| Telephone No. | 856-779-0472 |
| License No. | 00444 |
| Name of OSHA Monitor | JOSEPH KLEMM |
| Street Address | 369 S. SPRUCE AVE |
| City, State, Zip Code | MAPLE SHADE, N.J. 08052 |

| Start Date (10) | 8-2-16 |
| Scheduled Completion Date (11) | 8-9-16 |
| 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) | ☑ Demolition |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) |
| Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | TRANSITIVE |
| Amount (Specify SF or LF) | 1250 SF |
| Abatement Type | Demolition |

| Name of Registered Waste Hauler | Klemco Inc |
| NJDEP Waste Hauler No. | 19904 |
| Cubic Yards of Waste | |
| Name of Registered Landfill | C.W.C. M.U.A |
| City, State | WOODBINE, N.J. |
| Completed By | MICHAEL KLEMM |
| Title | VIP |
| Signature | |
| Date | 7-22-16 |

* Do not use this form for asbestos licensure exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/20/16

 Agencies Notified Type Notification
☐ EPA                  Initial
☐ DEP
☐ DOL                  Amended
☐ DOH
☐ DCA

Name of Building Owner/Operator (2) T & T Properties, LLC

Street Address
1350 Tioga Ter.

City, State, Zip Code
Ocean City, NJ, 08226

Name of Contact
Craig Troilo

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
T&T Property

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

Square Feet
1758

# of Floors
2

Bldg. Age
1924

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
Asbestos Robotics div of Indian Arrow Indutries

Street Address
144 Mill St.

City, State, Zip Code
Paterson NJ 07501

Project Manager for Monitoring Firm

Telephone No.
Telephone No.

License No.
973-653-9652
1257

Start Date (10) 07/30/16
Scheduled Completion Date (11) 08/08/16

Name of OSHA Monitor
Goran Igev

Street Address
144 Mill St.

City, State, Zip Code
Paterson NJ 07501

Facility Closed/Vacated During Entire Period of Abatement
☒ Yes
☐ No

Abatement Performed Outside of Normal Facility Hours
☐ Yes
☒ No

Occupancy Status During Abatement (Check Only One)
Other – Describe:

Scope of Work (Check All That Apply)
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

orough Description of Any Asbestos Material Being Abated

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Frisable Procedure

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

In Facility

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, etc.)

Amount (Specify SF or LF)

Abatement Type

☐ removal
☐ Repair
☐ Encapsulate
☒ Enclosure

Name of Registered Waste Hauler
Indian Arrow Industries Co

NJDEP Waste Hauler ID No.
36031

Cubic Yards of Waste
TBD

Name of Registered Landfill
G.R.O.W.S

City, State
Paterson NJ

Disposal Date TBD

City, State
Morrisville PA

Completed by
Goran Igev

Title
V.P.

Signature

Date
07/20/16

* Do not use this form for asbestos licensure exempted activities.
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to NJAC 8:56 and 12:120)

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<thead>
<tr>
<th>Date of Notification (1)</th>
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<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Street Address</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
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<tbody>
<tr>
<td>□ EPA</td>
<td>Original</td>
<td>4000 HADLEY ROAD</td>
<td>PSEG</td>
</tr>
<tr>
<td>□ DEP</td>
<td>Amended</td>
<td></td>
<td></td>
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<tr>
<td>□ DOL</td>
<td>Emergency (including justification)</td>
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<tr>
<td>□ DOH</td>
<td>Cancellation</td>
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<table>
<thead>
<tr>
<th>City (5)</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
<tr>
<td>E. ORANGE</td>
<td></td>
<td>SOUTH PLAINFIELD, NJ 07088</td>
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<table>
<thead>
<tr>
<th>County (6)</th>
<th>County Code (7)</th>
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<tr>
<td>ESSEX</td>
<td>(STATE USE ONLY)</td>
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<table>
<thead>
<tr>
<th>Name of Facility Where Abatement Is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSEG</td>
<td>School (K-12)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
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<tbody>
<tr>
<td>284 N. PARK AVE.</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. ORANGE</td>
<td></td>
<td>SOUTH PLAINFIELD, NJ 07088</td>
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<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOM GEIGER</td>
<td>732-290-2217</td>
</tr>
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<table>
<thead>
<tr>
<th>Start Date (10)</th>
<th>Scheduled Completion Date (11)</th>
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<tr>
<td>8/5/16</td>
<td>8/5/16</td>
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</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check Only One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>Other — Describe: Mandatory open only</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 243 sf or 243 ft</td>
</tr>
<tr>
<td>□ 2160 sf or 2260 ft</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>□ Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Mini-Enclosure</td>
</tr>
<tr>
<td>□ Gluejob Procedure</td>
</tr>
<tr>
<td>□ Non-Exempted (*) and Non-Flammable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GARAGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (14)</th>
<th>Description of Asbestos-Containing Material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
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</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
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</thead>
<tbody>
<tr>
<td>125 SF</td>
<td>X</td>
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<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASTE MANAGEMENT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJDEP Waste Hauler ID No. 1125</td>
<td>Appx 1</td>
<td>GROWS NORTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIZABETH, NJ</td>
<td></td>
<td>7/26/16</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAROL RAIMO</td>
<td>OFFICE MGR</td>
<td>Carol Raimo</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities.*
**State of New Jersey**
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>7 / 25 / 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Wayne Senior Citizens Runnymede Corp. / Job #1502-1959 Chk. 4395</td>
</tr>
<tr>
<td>Agencies Notified</td>
<td>Type Notification</td>
</tr>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOLWD</td>
<td>Amended</td>
</tr>
<tr>
<td>DHSS</td>
<td>Amendment #</td>
</tr>
<tr>
<td>DCA (NJAC 5:23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
<td>Edward Discio Sr. Citizens Village</td>
</tr>
<tr>
<td>Street Address</td>
<td>100 Runnymede Drive</td>
</tr>
<tr>
<td>City (5)</td>
<td>Wayne</td>
</tr>
<tr>
<td>County (6)</td>
<td>Passaic</td>
</tr>
<tr>
<td>County Code (7)</td>
<td>Current Use (Prior if being demolished)</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Criterion Laboratories</td>
</tr>
<tr>
<td>Street Address</td>
<td>3370 Progress Drive, Suite J</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Bensalem, PA</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Mike Panepresso</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>215-244-1300</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>8 / 5 / 16</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>8 / 6 / 16</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td></td>
</tr>
<tr>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
<td></td>
</tr>
<tr>
<td>Abatement Performed Outside of Normal Facility Hours - Describe</td>
<td></td>
</tr>
<tr>
<td>Time of Abatement: AM-PM-AM</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</td>
<td></td>
</tr>
<tr>
<td>Unit 108, 114, 208, 214, 308, 314, 408, 414, 508, 514</td>
<td></td>
</tr>
<tr>
<td>SAME UNITS AS ABOVE</td>
<td></td>
</tr>
<tr>
<td>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</td>
<td></td>
</tr>
<tr>
<td>Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Description of Asbestos-Containing Material (ACM)</td>
<td></td>
</tr>
<tr>
<td>Other (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</td>
<td></td>
</tr>
<tr>
<td>Amount (Specify SF or LF)</td>
<td></td>
</tr>
<tr>
<td>Abatement Type</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Waste Hauler</td>
<td>Carnevale Disposal</td>
</tr>
<tr>
<td>NJDEP Waste Hauler ID No.</td>
<td>17297</td>
</tr>
<tr>
<td>Cubic Yards of Waste</td>
<td>5</td>
</tr>
<tr>
<td>Name of Registered Landfill</td>
<td>GROWS Landfill</td>
</tr>
<tr>
<td>City, State</td>
<td>Hamilton, NJ</td>
</tr>
<tr>
<td>Disposal Date</td>
<td>8/7/16</td>
</tr>
<tr>
<td>City, State</td>
<td>Morrisville, PA 19067</td>
</tr>
</tbody>
</table>

*Signature*

Date 7-25-16

**ASB-41 MAY 11**

*Do not use this form for asbestos licensure exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)  01/12/16

Name of Building Owner/Operator (2) 
Richard T. Allen

Street Address [Redacted]

City, State, Zip Code 
Glen Ridge, NJ 07028

Name of Contact 
Richard T. Allen

Type of Facility (4) 
X Other (Private/Commercial Blgds./Homes, etc.)

Square Feet

Current Use (Prior to being demolished) 
residential

Name of facility where abatement is taking place (3) 
Richard T. Allen

Street Address [Redacted]

City (5) 
Glen Ridge, NJ 07028

County (6) 
Essex

County Code (7) 
[State use only]

Name of Monitoring Firm Hired by Bldg. Owner (8) 
ASCM No. 
n/a

Name of Abatement Contractor (9) 
B & G Restoration, Inc.

Street Address 
105 Ryerson Road

City, State, Zip Code 
Lincoln Park, NJ 07035

Telephone Number 
(973) 696-6869

License Number 
00378

Name of OSHA Monitor 
B & G Restoration, Inc.

Street Address 
105 Ryerson Road

City, State, Zip Code 
Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one) 
X Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours- 
Describer:

Scope of Work (check all that apply) 
X Demolition

X > 3000 sf or > 3000 ft

Full Containment with negative pressure
X Mini-enclosure

Location of asbestos-containing material to be abated in facility (13) 
crawl space  x  pipe insulation

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

Amount (Specify SF or LF) 
12 LF

Registered Waste Hauler 
B & G Restoration, Inc.

NDEP Hauler ID# 19563

Cubic Yards of Waste 1/2

Name of Registered Landfill 
Tullytown Resource & Recovery Center

City, State 
Lincoln Park, NJ

Disposal Date 08/08/2016

City, State 
Tullytown, PA

Completed by (Print or Type) Gordana Luna

Title Secretary/Treasurer

Signature [Signature]

Date 07/25/2016
State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:60-7 and 12:120-7  
NON Sub 8  

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Name of facility where abatement is taking place (3)</th>
<th>Hoboken Library</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>500 Park Avenue</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Hoboken, NJ 07030</td>
</tr>
</tbody>
</table>

**Type of Facility (4)**  
☑ Other (Private/Commercial Bldgs./Homes, etc.)

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>B &amp; G Restoration, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>105 Ryerson Road</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Lincoln Park, NJ 07035</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(973) 696-6669</td>
</tr>
<tr>
<td>License Number</td>
<td>00378</td>
</tr>
</tbody>
</table>

**Name of OSHA Monitor**  
B & G Restoration, Inc.  
105 Ryerson Road  
Lincoln Park, NJ 07035

---

**Scope of Work (check all that apply)**  
☑ Demolition  
☑ Renovation  
☐ Full Containment w/negative pressure  
☐ Glovebag procedure  
☐ Non-friable procedure

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

- event elevator mech room: pipe insulation

**Registered Waste Hauler**  
B & G Restoration, Inc.  
NJDEP Hauler ID#: 19563  
Cubic Yards of Waste: 1/2  
Name of Registered Landfill: Tullytown Resource & Recovery Center

<table>
<thead>
<tr>
<th>City, State</th>
<th>Lincoln Park, NJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposal Date</td>
<td>08/08/16</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type)**  
Gordana Luna  
Title: Secretary/Treasurer

**Signature**  
Gordana Luna  
Date: 07/25/2016
**NOTIFICATION OF ASBESTOS ABATEMENT**

**State of New Jersey**

**Name of Building Owner/Operator (2):**
Manalapan-Englishtown Regional School

**Date of Notification (1):**
07/21/2016

**Type of Notification:**
Initial

**Name of Contact:**
Vince Pietrucha

**Facility Information**

**Name of Facility Where Abatement is Taking Place (3):**
Taylor Mills School

**Street Address:**
77 Gordons Crossing Rd

**City (5):**
Manalapan, NJ

**County Code (7):**
Monmouth County

**Name of Monitoring Firm Hired by Building Owner (8):**
AHERA

**Phone Number:**
(609) 662-1959

**Name of Abatement Contractor (9):**
Nick Restoration LLC

**Street Address:**
72 Brookside Rd

**City, State, Zip Code:**
Randolph, NJ 07869

**License No.:**
01133

**Telephone No.:**
973-933-2550

**Start Date (10):**
08/03/2016

**Scheduled Completion Date (11):**
08/05/2016

**Current Use (Prior to being demolished):**

**Occupancy Status During Abatement (Check Only One):**
Facility Closed/Vacated During Entire Period of Abatement

**Scope of Work (Check All That Apply):**
Renovation Demolition

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

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAC, or other miscellaneous):**
Wrap & Cut

**Amount (Specify SF or LF):**
14 Fittings

**Abatement Type:**
Endorse

**Name of Registered Waste Hauler:**
Nick Restoration LLC

**DEP Waste Hauler ID No.:**
33782

**Cubic Yards of Waste:**
TBD

**Name of Registered Landfill:**
G.R.O.W.S

**City, State:**
Randolph, NJ 07869

**Disposal Date:**
TBD

**Tullytown, PA**

**Completed by:**
Elvira Mrda

**Title:**
President

**Date:**
07/21/2016
## Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**

Lamonte School

**Street Address**

337 W 2nd Street

**City**

Bound Brook

**County**

Union

**County Code (7)**

ASCN No.

**Name of Facility Owner**

RK Occupational & Environmental

**Type of Facility (4)**

School (K-12)

**Other (i.e. private & commercial buildings, homes, etc.)**

**Sq. Feet**

100,000

**# of Floors**

3

**Bldg. Age**

1960's

**Current Use (prior to being demolished)**

High School

**Name of Contractor (9)**

Panoramic Window & Door Systems Inc.

**Street Address**

712 Sergeantsville Road

**City**

Phillipsburg, NJ 08865

**State**

NJ

**Zip Code**

08865

**Project Manager for Monitoring Firm**

Jon Gilbert

**Telephone Number**

908-454-6316

**Telephone Number**

P 732-229-8900

**Name of OSHA Monitor**

IAQ GURU LLC

**License Number**

01237

**Occupancy Status During Abatement**

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe

Other - Describe: Tue & Wed 3:00-11:00 PM

**Source of Work (Check all that apply)**

- Renovation
- Demolition
- Mini-Enclosure
- Non-Friable Procedure

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

- Basement Cafeteria & Kitchen
- Basement Faculty Room
- Southwest Stairwell

**Is Location Normally Used Solely by Maint./Custodial Staff?**

- Yes
- No
- NA

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

- Window Glaze and Caulk

**Amount (Specify SF or LF)**

- 240 LF
- 100 LF
- 80 LF

**Abatement Type**

- Remove
- Repair
- Encap

**Name of Registered Landfill**

Chris Landfill

**Disposal Date**

7-25-16

**Cubic Yards of Waste**

- "NJDEP Waste Hauler ID # 0036057"

**Name of Registered Waste Hauler**

Panoramic Window & Dr Sys Inc

**Completed by (Print or Type)**

Mark M Jovic

**Title**

Project Manager

**Signature**

*

**Date**

7-25-16

---

**Date of Notification (1)**

07/25/16

**Name of Building Owner/Operator (3)**

Bound Brook Board of Education

**Street Address**

111 W Union Ave

**City, State, Zip Code**

Bound Brook, NJ 08805

**Name of Contact**

Emile Turner

**Telephone Number**

**Received**

JUL 28 2016
# NOTIFICATION OF ASBESTOS ABATEMENT

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

**State of New Jersey**

**Name of Building Owner/Operator:**

- MSL Management
  - **Street Address:** 120 Martin Luther King Drive
  - **City, State, Zip Code:** Lakewood, NJ 08701
  - **Name of Contact:** Bruce Robinson

## FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**

- **Type of Facility:** School (k-12) Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.)
  - **Square feet:** 4000 sf
  - **# of Floors:** 2
  - **Bldg. Age:** 50

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

- **Location:** Typically 398 s.f. or 398 ft²
- **Description:** Renovation

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility</th>
<th>Is Location Normally used Solely by Maintenance/Custodial Staff</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>Throughout</td>
<td>X</td>
<td>Floor tile</td>
<td>800 sf</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler:**

- Guardian Contracting, Inc.
  - **City, State:** Toms River, New Jersey

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

- Nicholas Fennica
  - **Title:** Project Manager
  - **Signature:**

**Disposal Date:**

- 7/25/16

---

*Do not use this form for asbestos licensure exempted activities.*
### State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

**Date of Notification (1)**
7/25/16

**Name of Building Owner/Operator (2)**
kathryn Gras & George Piech Private Home

**Agencies Notified**
- [X] EPA
- [X] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

**Type Notification**
- [X] Initial
- [ ] Amended
- [X] Amendment #
- [X] Emergency (including justification)
- [ ] Cancellation

**Street Address**

**City, State, Zip Code**
Medford NJ 08055

**JUL 28 2016**

**Name of Contact**
Kathryn

**Telephone Number**

**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**
kathryn Gras & George Piech Private Home

**Street Address**

**City (5)**
Medford NJ 08055

**County (6)**
Burlington

**County Code (7) (STATE USE ONLY)**

**Current Use (Prior if being demolished)**
House

**Square Feet**
1000+

**# of Floors**
2

**Bldg. Age**
35+

**Name of Monitoring Firm Hired by Building Owner (8)**
ASCM No.

**Name of Abatement Contractor (9)**
Pernaco Inc.

**Street Address**
PO Box 329

**City, State, Zip Code**
West Berlin NJ 08091

**Telephone No.**
856-753-9800

**License No.**
00727

**Start Date (10)**
7/26/16

**Scheduled Completion Date (11)**
7/27/16

**Name of OSHA Monitor**
Same

**Occupancy Status During Abatement (Check Only One)**
- [X] 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)**
- [ ] ≥3 sf or ≥3 if
- [X] ≥160 sf or ≥260 if
- [X] Renovation
- [X] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [X] Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</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>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exterior Siding</td>
<td>[X]</td>
<td>Exterior Siding</td>
<td>1500 SF</td>
<td>[X]</td>
</tr>
</tbody>
</table>

**Name of Registered Waste Hauler**

United Roll Off

**NJDEP Waste Hauler ID No.**
22459

**Cubic Yards of Waste**
4

**Disposal Date**
7/27/16

**Name of Registered Landfill**
G.R.O.W.S

**City, State**
Morrismore PA 19067

**Completed by**

Anthony T Perna

**Title**
President

**Signature**

**Date**
7/25/16

*Do not use this form for asbestos licensure exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 07/25/16

Name of Building Owner/Operator (2) Colleen Kirk

Agencies Notified
- EPA
- DOLWD
- DHSS
- DCA
  (NJAC 5:23-5)

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

Street Address

City, State, Zip Code
Millburn, NJ 07041

Name of Contact
Rosemary Tuohy

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private house

Square Footage

Type of Facility (4)

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

Current Use (Prior to Demolition [check only])

- Shown (1-2 story)
- Vacated
- Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Describe Time of Abatement

County Code (7) (STATE USE ONLY)

Current Use (Prior to Demolition [check only])

- Shown (1-2 story)
- Vacated
- Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Describe Time of Abatement

License No.

FACILITY INFORMATION

Name of Monitoring Firm Hired by Building Owner (8)
Gr Tech LLC

ASCM No.

Name of Abatement Contractor (9)

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Name of OSHA Monitor
Envirovision Consultants, Inc

Street Address
20-21 Wagaraw Road, Bldg. #35E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- >3 sf or >3 LF
- <150 sf or <260 LF
- Renovation
- Demolition

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

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pipe insulation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is Location Normally Used Solely by Maintenance/Custodial Staff?

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, finishing, VAT, or other miscellaneous)</th>
<th>Amount (Specify S/ or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe insulation</td>
<td>110 LF</td>
<td></td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Gr Tech LLC

Cubic Yards of Waste
TBD

Name of Registered Landfill
T.R.F. Inc

Disposal Date
TBD

City, State
Wayne, NJ 07470

Completed By (Print or Type) T.B.T. Date 07/25/16

Signature

* Do not use this form for asbestos licensure exempted activities.
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/12/16

Name of Building Owner/Operator (2) NALIN LOOMBA

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- Initial

Amendment #: 0

City, State, Zip Code tenafly, nj 07076

Name of Contact NALIN LOOMBA

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) NALIN LOOMBA

Address tenafly

City (5) BERGEN

County (6) Bergen County Code (7) (State use only) N/A

Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.

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

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.

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: NORMAL HOURS

Start Date 08/08/16

Scheduled Completion Date 08/26/16

Scope of Work (check all that apply)
- >5 sf or >5 If
- >160 sf or >280 If
- Demolition
- Renovation

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

Yes No N/A

Description of asbestos-containing material (ACM) PIPE INSULATION 380 L FT

Amount (Specify SF or LF) Remove Repair Encap

Registered Waste Hauler D & S RESTORATION, INC.

NJ/DEP Hauler ID# 13506

Cubic Yards of Waste 5 YDS

Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY

City, State PATERNON, NJ 07503

Disposal Date 08/09/16

City TULLYTOWN, PA

Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT

Signature Date 07/22/2016

Do not use this form for asbestos licensure exempted activities.
**State of NJ**
**Notification of Asbestos Abatement**
(Pursuant to NJAC 8:60 and 12:120)

**Name of Building Owner/Operator (2)**
andy moody

**City, State, Zip Code**
MADISON, NJ 07940

**Type of Facility (4)**
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Name of OSHA Monitor**
D & S Restoration, Inc.

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

**Description of asbestos-containing material (ACM)**

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.1 ft</td>
</tr>
</tbody>
</table>

**Location normally used solely by maintenance/custodial staff(12)**

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cubic Yards of Waste**
1 yd.

**Registered Waste Hauler**
D & S RESTORATION, INC.

**Disposal Date**
08/04/16

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

**Portable Containment System**

<table>
<thead>
<tr>
<th>Full Containment w/negative pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
<tr>
<td>☐ Mini-enclosure</td>
</tr>
<tr>
<td>☒ Glovebag procedure</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

<table>
<thead>
<tr>
<th>NJDEP Hauler ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>13506</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/04/16</td>
</tr>
</tbody>
</table>

**Name of Registered Landfill**
TULLYTOWN, PA

**Completed by (Print or Type)**
Bogdan Joldzic

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
<td>07/21/16</td>
</tr>
</tbody>
</table>

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

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

ROSEMARIE OLIVIERI-GUILLOTY

**Street Address**

rutherford, nj 07070

**City (5)**

BERGEN

**County (6)**


**County Code (7)**

(State use only)


**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

### Scope of Work (check all that apply)

- [x] Renovation
- [ ] Demolition

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

- [ ] Location normally used solely by maintenance/custodial staff(12)

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>54 L FT</td>
</tr>
</tbody>
</table>

### 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**

TULLYTOWN, PA

**Disposal Date**

08/17/16

**Date**

07/22/2016

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