

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

CK 003676
D&S Proj. #: MS 12-
65850

Date of Notification (1) 06/12/16		Name of Building Owner/Operator (2) KURT POLLEK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 622 MAYE STREET		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact KURT POLLEK		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KURT POLLEK			Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Subterranean <input checked="" type="checkbox"/> Other Bldgs.	
Street Address 622 MAYE STREET			Square Feet	
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (P)	
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	
Project Manager for Monitoring Firm		Phone Number	
Start Date (10) 06/30/12	Sched. Completion Date (11) 07/06/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Paterson, NJ 07503	

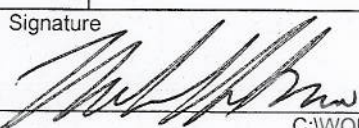
Full Containment w/ negative pressure		Mini-enclosure		Glovebag procedure		Non-Exempted (*) and non-friable procedure	
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)
	Yes	No	N/A		
ATTIC		<input checked="" type="checkbox"/>		BARE HEATING PIPE	6 L FT

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/02/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/12/16

ASB-41 * Do not use this form for asbestos licensure exempted activities

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

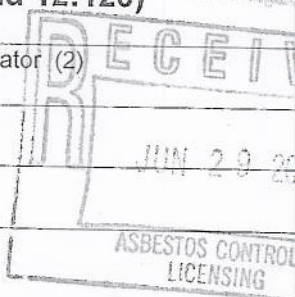
Date of Notification (1) 06/26/2012		Name of Building Owner/Operator (2) Raritan Junction, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled	Street Address 820 Morris Pike City, State, Zip Code Short Hills, NJ 07028	Name of Contact Jacob Kleyman
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Yale Lock Plant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., ho	
Street Address 15 Junction Road		Sq. Feet 330,000 SF No. of Floors: 1	
City (5) Flemington	County (6) Hunterdon	County Code (7) (State Use Only)	Bldg. Age: 57 years Current Use (prior if being demolished) Buildi
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Contractor Superior Abateme
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number (973) 808-1616	Licens 00411
Scheduled Start Date (10) 7/16/2012	Scheduled Completion Date (11) 08/10/2012	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		Street Address 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-friable Procedure for A			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Main Warehouse, Maintenance Shop, North Service Lab, Development Lab, Yale Service Area, Load Dock, Office, Mech. Room	<input checked="" type="checkbox"/>	Pipe Insulation	2,925 LF
Maintenance Shop, Yale Marketing, Cafeteria, Front Office, South Warehouse office	<input checked="" type="checkbox"/>	Floor Tile	12,870 SF
Maintenance Shop	<input checked="" type="checkbox"/>	Spray-on Fireproofing	120 SF
Roof	<input checked="" type="checkbox"/>	Roof Flashing	7,000 LF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 400
City, State New Castle, DE		Disp. Date 8/10/2012	Name Wayne
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 06/26/2012

RECEIVED JUN 29 2012			
CONTROL & RECORDS			
s, etc.)			
Currently Vacant			
Inc.			
Number			
CM)			
stos Roof Removal.			
Abatement Type			
em.	Rep.	Encap	Enclose
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
Reg. Landfill			
Landfill			
erva Road			
argh OH 44688			
2			
ASBESTOS 9/18/00			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1206-4502
Check #4261

Date of Notification (1) 6/27/12		Name of Building Owner / Operator (2) JC Penney Corporation	
Agencies Notified	Type Notification	Street Address 6501 Legacy Drive	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Plano, TX 75024	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact Richard Marnik	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



Name of Facility Where Abatement is Taking Place (3) JC Penney			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 260 Wayne Town Center			Square Feet	# of Floors
City (5) Wayne	County (6) Passaic	County Code (7)	Current Use (Prior if being demolished) Department Store	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1600 Route 22 East		Street Address PO Box 25		
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Thomas Rubino		Telephone Number 908-688-7800	Telephone Number 609-265-2107	Licen
Scheduled Start Date (10) 6/13/12	Scheduled Completion Date (11) 7/31/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 10PM - 8AM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.	
			City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf ≥ 260 lf

- ☒ Renovation
☐ Demolition

- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or L)
	Yes	No	N/A		
Lower Level Near Elevators Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	800 SF
Lower Level Levis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	830 SF
1 st Floor Ladies Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	500 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 14	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 7/31/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 	

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date 6/27/12			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

110-4387

Check #

No check

Date of Notification (1) 6/26/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
		City, State & Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego, P.E.	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address One Washington Road		Square Feet	# of Floors
City (5) Princeton	County (6) Mercer	Current Use (Prior if being demolished) University Library	
County Code (7)			
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Burlington, NJ 08016		Street Address PO Box 25	
Project Manager for Monitoring Firm Mike Keehn		City, State & Zip Code Lumberton, NJ 08048	
Telephone Number 609-386-8800		Telephone Number 609-265-2107	Lic. Number 00529
Scheduled Start Date (10) 7/2/12	Scheduled Completion Date (11) 7/31/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf ≥ 260 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment w/ Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedure
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or L)
	Yes	No	N/A		
Various Locations Throughout 1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF (wrap cut)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

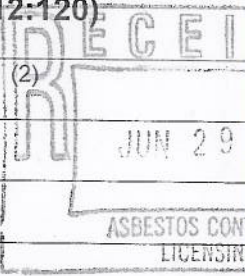
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 7/31/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		
Date 6/26/12					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1107-4333 SUB8
 neck #4259

No check

Date of Notification (1) 6/27/12		Name of Building Owner / Operator (2) Kearny Board of Education	
Agencies Notified	Type Notification	Street Address 100 Davis Ave.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Kearny, NJ 07032	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #4	Name of Contact Michael Devita	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			



Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kearny High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 336 Devon Street		Square Feet	# of Floors
City (5) Kearny	County (6) Hudson	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		ASCM No.	
Street Address 3 Crosswicks Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Bordentown, NJ 08505		Street Address PO Box 25	
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	Telephone Number 609-265-2107
Scheduled Start Date (10) 4/6/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: 7AM to 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedure
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or L)
	Yes	No	N/A		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Material	1,090 S
1 st Floor Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	768 L
Room 117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	20 L
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation(GB)	50 L
Room 101D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation(GB)	10 L
Room 122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	350 L

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 12/31/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature <i>Gwen Trumbetti</i>	

ings, homes, etc.)

Bldg. Age

Number
00529

Negative Pressure

Non-Friable Procedure

Abatement Type

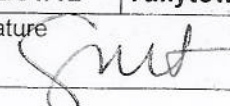
Removal	Repair	Encapsulate	Enclosure
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date
6/27/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1107-4333 SUB8
heck #4259

Date of Notification (1) 6/27/12		Name of Building Owner / Operator (2) Kearny Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 100 Davis Ave. City, State & Zip Code Kearny, NJ 07032 Name of Contact Michael Devita	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kearny High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 336 Devon Street		Square Feet	# of Floors
City (5) Kearny	County (6) Hudson	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Environmental		ASCM No.	
Street Address 3 Crosswicks Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Bordentown, NJ 08505		Street Address PO Box 25	
Project Manager for Monitoring Firm Mike Hoodak		Telephone Number 609-298-5520	Telephone Number 609-265-2107
Scheduled Start Date (10) 4/6/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment w/ Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or)
Throughout New Addition Corridors	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	2X Floor tile & Mastic	3,320
Basement Tunnels	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Pipe Insulation	4,000
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 30
City, State Lumberton, NJ		Disposal Date 12/31/12	Name of Registered Landfill TRRF Landfill
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 
Date 6/27/12		Telephone Number 00529	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

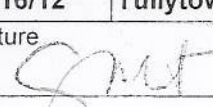
120 4512
Check #4262

Date of Notification (1) 6/27/12		Name of Building Owner / Operator (2) NJ DPMC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 034 City, State & Zip Code Trenton, NJ 08625 Name of Contact Georgette Bunch	

RECEIVED
JUN 2 2012
ASBESTOS CONTROL
LICENSES

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Taxation Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 Barrack Street		Square Feet	# of Floors
City (5) Trenton	County (6) Mercer	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	
Street Address 344 West State Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Trenton, NJ 08618		Street Address PO Box 25	
Project Manager for Monitoring Firm John Duggan		Telephone Number 609-656-8101	Licence Number 00529
Scheduled Start Date (10) 7/13/12	Scheduled Completion Date (11) 7/16/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 5PM Start <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment w/ Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Spec SF or cu yd)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3 rd Floor Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 th Floor Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 7/16/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 
Date 6/27/12			

CK
003675

65857

D&S Proj. #: MS 12-236

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

Date of Notification (1) 10/16/12 15/1/12/1		Name of Building Owner/Operator (2) JUDY GOODWIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 51 VICTOR PLACE		City, State, Zip Code HAWTHORNE, NJ 07506	
Name of Contact JUDY GOODWIN		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JUDY GOODWIN			Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other Bldgs.	
Street Address 51 VICTOR PLACE			Square Feet _____	
City (5) HAWTHORNE			County (6) PASSAIC	
County Code (7) (State use only)			Current Use (F) _____	

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 Paterson, NJ 07503		Telephone Number 973-345-8020	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 07/05/12		Sched. Completion Date (11) 07/16/12		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*)				
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)	or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	190 L FT		X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 07/06/12		City, State TULLYTOWN, PA		Date 06/25/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 06/25/12	

D&S Proj. #: MS 12-234

Fax:

Jun 25 201

2:28PM P001/001

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

Date of Notification (1) 06/12/11		Name of Building Owner/Operator (2) DAVE TIMMERMAN	
Agencies Notified		Street Address 233 BOULEVARD	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code NEW MILFORD, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact DAVE TIMMERMAN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Date: 6/12/11	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone: 903-1118	

FACILITY INFORMATION

Name of facility where abatement is taking place (3)			Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Substation <input checked="" type="checkbox"/> Other Bldgs.
DAVE TIMMERMAN			
Street Address			Square Feet
233 BOULEVARD			
City (5)	County (6)	County Code (7) (State use only)	Current Use (P)
NEW MILFORD	BERGEN		
Name of Monitoring Firm Hired by Bldg. Owner (8)			

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address		D & S RESTORATION, INC.
City, State, Zip Code		City, State, Zip Code		20 California Ave.
Project Manager for Monitoring Firm		Phone Number	Paterson, NJ 07503	
Start Date (10)	Sched. Completion Date (11)	Telephone Number		
06/27/12	07/06/12	973-345-8020		
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>		D & S Restoration, Inc.		
Scope of Work (check all that apply)		Street Address		
		20 California Avenue		
		City, State, Zip Code		
		Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/
<input type="checkbox"/> ≥180 sf or ≥250 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovobag procedure
		<input type="checkbox"/> Non-Exempted (*) as

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Non-Exempted (*) amount (Specify SF LF)
	Yes	No	N/A		
BASEMENT 7 LOCATIONS		X		PIPE INSULATION	32 L FT

Registered Waste Hauler D & S RESTORATION, INC.	MLHFP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECO
City, State PATERSON, NJ 07503	Disposal Date 06/28/12		City, State TULLYTOWN, PA
Completed by (Print or Type)			

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	TULLYTOWN, PA
Abb-41	Do not use this form for objects.		

A9B-41

Do not use this form for asbestos licensure exempted activities.

1

Date:

(signature)

NJ Dept. of Health & Senior Services
NJ State Police

PHOTOGRAPHED

State Police Services

Signature

12 Time: 12:30 PM

Number

< - 12)

or 8 (Other than K-12)
rate/Commercial
ness, etc.

F Floors Bldg. Age

If being demolished)

ense Number
00159

tive pressure

on-friable procedure

	R e m o v e	R e p a i r	E n c a p	E n c l
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ERY

S/12

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

D&S Proj. #: MS 12-234

Date of Notification (1) 10/6/12 5/1/12		Name of Building Owner/Operator (2) DAVE TIMMERMAN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 233 BOULEVARD		City, State, Zip Code NEW MILFORD, NJ	
Name of Contact DAVE TIMMERMAN		Telephone	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVE TIMMERMAN			Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (Residential, Commercial, etc.)	
Street Address 233 BOULEVARD			Square Feet	
City (5) NEW MILFORD			County (6) BERGEN	
County Code (7) (State use only)			Current Use (8) if being demolished	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		Name of OSHA Monitor D & S Restoration, Inc.	
Project Manager for Monitoring Firm		Phone Number		Street Address 20 California Avenue	
Start Date (10) 06/27/12		Sched. Completion Date (11) 07/06/12		City, State, Zip Code Paterson, NJ 07503	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted			
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)
	Yes	No	N/A		
BASEMENT 7 LOCATIONS		<input checked="" type="checkbox"/>		PIPE INSULATION	32 L FT

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE	
City, State PATERSON, NJ 07503		Disposal Date 06/28/12		City, State TULLYTOWN, PA		Signature	
Completed by (Print or Type) DOUGLAS J. ZIG		Title PRESIDENT		Date 06/25/12		COVERY	