CK 17637

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

Date of Notification (1)		Name of Building Owner/Operator (2) Hacksproads University Medical Council E C E V E														
06/28/2016		Hack	censack	Unive	1edical Cen	ter	5 0	5	Ц	U						
Agencies Notified Type Notification			Street Address										-			
□ EPA 🔯 Initial			30 Prospect Avenue									016	1	U		
☐ DEP ☐ Amended				ate, Zip C		v Jerse	y 0760		OUIX	29	-	.010	1	-		
			Hack													
DOH justification)	i icidali ig	1	Name o	of Contact				AS	Ephone	SINGEPNTROL &						
□ DCA □ Cancellation			Ken Haber										_			
Name of Facility Where Abatement is Taking	DI (2)	FAC	ILITY INF	ORMATI	ON				-						
					Type of Facility	e of Facility (4)										
Conklin Building Street Address							☐ School (K-☐ Subchapte			40)						
			private	ner than & comm	cial buildings, homes,											
30 Prospect Avenue							etc.)					301-11				
Hackensack					Square Feet	7	of Floors	Bldg. Age								
County (6)		0	0.1.75			68,657		1953								
Bergen				Code (7) USE ONLY	2		Current Use (Prior if being den Health care & Buiness)					
Name of Monitoring Firm Hired by Building C	Numar (0															
Page 1 All Annual Control Annual Con	wner (o)	ASCI	VI No.			of Abatement Co	r (9)								
Omega Environmental Services Street Address							nor, Inc.		100000000000000000000000000000000000000	_						
280 Huyler Street							Address Canal Street									
City, State, Zip Code	-									-						
	7606				City, State, Zip Code New York, NY 10013											
Project Manager for Monitoring Firm	Tolopho	ne Ne		X-58000000	Commence of the commence of th	10013	2.50									
Getser Fajardo		Telepho			Telepho		Licens									
2000		189-870 Date (11)			431-0696 of OSHA Monitor	0115										
July 13, 2016	017	Date (11)			SL Analytica											
Occupancy Status During Abatement (Check	*:			Address	1, 1110.		-									
	- 0.0				3755147173544	7 West 38th Street										
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	Abater / Hour	nent s		+	City, St											
☐ Other – Describe:		3 =														
Scope of Work (Check All That Apply)						new.	York, NY 10	018		-						
□x ≥3 sfor≥3 lf	Renova	ation				☐ Full Containment with Negativ										
□ ≥160 sf or ≥260 lf	Demoli					Mini-Enclosur		1 Negativ	Pres	sur	е					
					<u>A</u>		cedure									
	T						Non-Exempte	d (*) an	d Non-Fi	Abatement Abatement						
	100	Locat Vorma								Туре						
Location of Asbestos-Containing Material (ACM)	d Sole		Achoo	Description of tos Containing Material (ACM)			Amount			П	T					
TO BE ABATED	7800	intena todial S		(i.e.	thermal s	systems	insulation,	(Specif		2	0	_	Enc	ᄪ		
In Facility (13)	Cus	(12)	Statt?			surfacing, VAT, or ther miscellaneous)			or LF)	1 2	Remova	Repair	aps	Enclosure		
(10)		0 %	1		other m	iscellane	eous)			2	CV2	air	Encapsulate	sure		
	Yes	No	N/A										Ф			
Conklin Basement Shower		X		ACPI				60 LF		x						
											7					
										-	+	-		-		
			-							_	-		_			
Name of Decisters 1995 to 1995																
Name of Registered Waste Hauler	1 2 2 2	NJDEP Waste Cub Hauler ID No. of W			ards	Name of	Registe	ered Land	II							
Newark CArting Inc.		14509		6		Waste	Mana	gemer	Grandcentral							
City, State					Disposa	al Date							44			
Newark, New Jersey 07105					TBI)	Pen Argyl, PA 180				('2					
Completed by		Signature Signature					ate ,									
	Title				Sig	gnature	1			ate		1		- 1		

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

2016-102 B & G proj. #: NON Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 10 |6 |/|2 |7 |/|1 |6 | Wall Township Public School 2 9 2016 Agencies Notified Type Notification Street Address □ EPA 1620 18th Avenue X Initial TOS CONTROL ☐ DEP City, State, Zip Code LICENSING Amendment X DOL Wall, NJ 07719 Telephone N mber X DOH Name of Contact Cancellation ☐ DCA Robert Romano **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) X School (1 - 12) Old Mill Elementary School (non-sub 8) Subchapt 8 (Other than K-12) Other (Pri 1te/Commercial Street Address Bldgs./Ho es, etc. 2119 Old Mill Road #c Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior being demolished) Monmouth Sea Girt, NJ 08750 school Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 ense Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/08/2015 07/23/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition ilovebag procedure X Renovation X Ion-friable procedure Mini-enclosure >3 sf or >3 lf X ≥160 sf or ≥260 lf E Is location normally used solely E Location of е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing m n p staff(12) (Specify SF material to be material (ACM) 0 a a LF) abated in facility (13) V Yes N/A No p 3.780 sf X tar underneath gym floor gynasium Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 10 B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 07/08/16 - 07/25/16 Lincoln Park, NJ Signature Completed by (Print or Type) Gordana Luna 16/27/2016 Gordana Luna Secretary/Treasurer



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

Date of Notification (1) 06/25/2016		Name of Building Owner/Operator (2) South Orange/Maplewood Board of Education							7	2 1	\mathbb{V}	E	7			
Agencies Notified X EPA DEP	Type Notification X			525 A City, St	Address .cademy ate, Zip Co	de			7		JU	N	2 9	201	6	
DOL DOH DCA	Amendment : Emergency (i justification) Cancellation	relating									mber	NTI	ROL -	&		
Name of Facility Where	FAC	ILITY INFO	ORMA	TION	-											
Columbia High Sch Street Address					Type of Facility (4) School (K-12) Subchapter 8 (Other than K					2)						
525 Academy Stree	et							Other (i.e. private & comme etc.)					ial buildings, hor			es,
City (5) Maplewood				Square Feet 120000		# of Floors			Bldg. Age 50 years							
County (6) Essex		Code (7) USE ONLY)	_	Current Use (Prior if being dem Public High School					hed)							
Name of Monitoring Firm AHERA Consultant		wner (8)		ASC1 0057	1747) 1.74		e of Abatement Contractor (9) /ic Construction Corp									
Street Address PO Box 385						t Address Route 46 Suite 15										
City, State, Zip Code Oceanville, NJ, 082			State, Zip Code wa, NJ 07512													
Project Manager for Mor Domenic D'Errico		Telephone No. 609-652-1833			100000000000000000000000000000000000000	Telephone No. Licens 973-339-9735 01034					lo.					
Start Date (10) 07/05/2016	ed Cor 2016					e of OSHA Monitor vic Construction Corp										
Occupancy Status Durin				t Address												
Facility Closed/Vacated During Entire Period of Abater							205 F	5 Route 46 Suite 15								
Abatement Performed Outside of Normal Facility Hou Other – Describe: Occupied building from 6am to 2:30p							State, Zip Code owa, NJ 07512									
Scope of Work (Check A	II That Apply)	12.2				_										
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf							×	Full Containment with Negativ Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fr								
		la la	Locat	14.4				_ 1VON-	Exempled	su () and Non-File			le Pro		ire temen	t
Location	n of	17.75	Vorma			Г	escription	escription of					Туре			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Sol Maintena Custodial (12)						os Co therm surf	ntaining N al systems facing, VA miscellan	faterial (/ s insulation T, or	lation, (Sp. SF		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
olocorooma A107 A1	120 4420 4444	Yes	No	N/A									_		(D	
classrooms A127,A1 A143,A228,A239,A2			X					pehind uni-vent			40 SF		X		X	
28 28 28	250 (50)		X			***********	behind (######################################		60 SF			X		X	
A252,A253,A320,A329,A333,A334, X					Plaster behind								X		X	
A335 X Name of Registered Waste Hauler						100000000000000000000000000000000000000	behind u	BINDS WEST) SF	14	X		X	
Newark Carting	.c. radio		-	IJDEP W lauler ID 4509	171777777	of W	c Yards aste									
City, State Newark NJ				+003			osal Date 8/2016	e City, State						772		
Completed by Milos Savic	ct Ma	ınager			Signature	odre / CO [te /25/2016				

Ch 005893 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12/120 D&S ?roj. #: 16-181 Name of Building Owner/Operator (2) Date of Notification (1) JUN 2 9 20 0 6 / 1 6 / 1 6 judith sachs Agencies Notified vpe Notification Street Address 70 ☐ EPA ASBESTOS CONT LICENSING OL& Amended DEP City, State, Zip Code Amendment #: DOL ING west orange, NJ 07052 Emergency (including Name of Contact Telephone N mher DOH justification) DCA judith sachs Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (1 - 12) Subchapt 8 (Other than K-12) judith sachs Other (Pri ate/Commercial Street Address Bldgs./Ho es, etc. Square Feet Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior being demolished) essex west orange Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number ense Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 06/27/16 07/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/n jative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) an Non-friable procedure Is location normally used solely Ε Location of е P n by maintenance/custodial Amount asbestos-containing n Description of asbestos-containing m p C staff(12) (Specify SF C material (acm) to be material (ACM) 0 a a LF) abated in facility (13) V Yes No N/A p PIPE INSULATION 941 ft \boxtimes BASEMENT Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE REC D & S RESTORATION, INC 13506 VERY 1 yd. Disposal Date City, State City, State 06/28/16 PATERSON, NJ 07503 TULLYTOWN, PA

Signature

6/16/2016

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

CK 005893

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S ?roj. #: 16-181 Name of Building Owner/Operator (2) Date of Notification (1) 0 6 / 1 6 / 1 6)16 JUN 29 judith sachs Agencies Notified Type Notification Street Address Initial EPA TROL & -SBESTOS COI Amended DEP HCENSIN City, State, Zip Code Amendment #: DOL Emergency west orange, NJ 07052 (including DOH Name of Contact Telephone Number justification) □ DCA iudith sachs Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4 School 'K - 12) judith sachs Subcha ter 8 (Other than K-12) Street Address Other (I ivate/Commercial Bldgs./I omes, etc. Bldg. Age Square Feet of Floors County (6) County Code (7) City (5) (State use only) Current Use (Pr r if being demolished) west orange Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number icense Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/27/16 07/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w egative pressure \boxtimes >3 sf or >3 lf Mini-enclosure □ Renovation Glovebag procedur ≥160 sf or ≥260 lf Demolition nd Non-friable procedure Non-Exempted (*) Is location normally used solely Location of E by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C (Specify S or material (acm) to be material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A ٧ p BASEMENT PIPE INSULATION 94 l ft \boxtimes Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RE 'OVERY 1 yd. Disposal Date City, State City, State 06/28/16 TULLYTOWN, PA PATERSON, NJ 07503 Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** 06/16/2016 PRESIDENT

Ch 005893

D&S Proj. #: 16-187

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

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Date of Notification (1)		Name of Bu	ilding Owr	er/Operato	or (2)		111								
10 6 / 1 6 / 1 6		M. GRAI	NGER			31									
Agencies Notified Type Notificat	tion	Street Address JUN										7			
DEP Amendment #:		City, State, 2	Zip Code	CONT	POL	R.	_	_							
☑ DOL ☑ Emergency	-11		NJ 0708	NSING		u.									
DOH (including	11	lame of Cor		Telephon	Number	-		Trans.							
DCA justification)	H							, copilor	14011150						
Cancellation	1	M. GRA	NGER					!		_					
			FAC	ILITY INFO	RMATIO	N									
Name of facility where abatement	is taking pl	ace (3)		+1000000000000000000000000000000000000			1	ype of Facility ((K - 12)						
M. GRANGER										oter 8 (Other than K-12)					
Street Address															
									(rivate/Commercial ./ omes, etc.						
								Square Feet	of Floors Bldg. Age						
City (5)	Cou	nty (6)			1000000	unty Code (7)	_								
IDITONI	770	ITONI			(Sta	ate use only)		Current Use (Pr	r if being demolished)						
UNION Name of Monitoring Firm Hired by		IION		100:11		I Nome of About	<u> </u>	ntro etc = (0)							
Name of Monitoring Pirm Hired by	biag. Own	er (8)		ASCM N	0.	Name of Abatemen									
						D & S RESTOR	RAT	ION, INC.							
Street Address			Street Address												
			20 California												
City, State, Zip Code															
Paterson, NJ 07503								3							
Project Manager for Monitoring Firm Phone Number Telephone Number									License Number						
	973-345-8020	01169													
Start Date (10)	d. Completic	on Date (1	1)		Name of OSHA Mo										
06/27/16	07/1:	5/16				D & S Restora Street Address	tion	, Inc.							
Occupancy Status During Abatemen				TO THE PERSON	20 California Avenue										
Facility closed/vacated during			ment.			City, State, Zip Code		ue							
Abatement performed outside					1	City, State, Zip Cou	e								
Describe: NORMAL H			Paterson, NJ 0	750	3										
Scope of Work (check all that apply						Tutorson, 113 o							_		
□	Renovatio					-		Containment w	egative	press	ure				
						፟፟፟፟፟		vebag procedur							
≥160 sf or ≥260 lf	Demolitio						No	n-Exempted (*)	nd Non-		proc	edure)		
Location of		n normally u enance/cust		1					Re	R	E	E			
asbestos-containing material (acm) to be	staff(12)	3/10/100/0001	.ouiui			sbestos-containing	Amount (Specify S	or	m	p	n	n			
abated in facility (13)	Yes	No	N/A	mater	rial (ACM)			LF)	OI .	0	a	а	L		
	*******		1071						7-	e	r	р			
BASEMENT		X		PIPE IN	ISULAT	ION		79 l ft		\boxtimes	Ц		Ш		
										Ш		Ш			
							-					Ш			
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler II		ubic Yards	of Waste	Name of Registere			OVEDV						
City, State			Disposal D	yd.		TULLYTOWN City, State	, KE	SOURCE KE	OVER	Ι.		-			
PATERSON, NJ 07503		ľ	06/27/1			TULLYTOWN	JP	4							
Completed by (Print or Type)	Title		_	Signature	e	TOLLETTOWN	,, 1.7	-	Date						
BOGDAN JOLDZIC	PRESID	ENT							06/16/16						
	-														

M OUD OTH State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-191 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2 = 2016 RANDY HAAS Agencies Notified Type Notification Street Address ☐ EPA 🛛 Initial Amended ASBES DEP OS CONTROL & Amendment #:_ City, State, Zip Code CENSING DOL West. Emergency PISCATAWAY, NJ 08854 (including DOH Name of Contact Telephon Number justification) ☐ DCA RANDY HAAS Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (Schoo (K - 12) RANDY HAAS Subcha Iter 8 (Other than K-12) Street Address Other (rivate/Commercial Bldgs./ omes, etc. Square Feet of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Pr r if being demolished) PISCATAWAY middlesex Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number icense Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/12/16 07/29/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/ egative pressure >3 sf or >3 If Mini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) ¿ d Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е е asbestos-containing Description of asbestos-containing Amount staff(12) m n p material (acm) to be C (Specify SF or material (ACM) C 0 a abated in facility (13) a Yes No N/A V A BASEMENT **BOILER INSULATION (2X)** 50 SQ FT X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC 13506 TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 07/13/16 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date **BOGDAN JOLDZIC** PRESIDENT 06/21/16

Do not use this form for asbestos licensure exempted activities.

ASB-41

Ch 005 844 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-191 Name of Building Owner/Operator (2) Date of Notification (1) JUN 2 9 2016 0 | venu | / | 2 | 1 | / | 1 | 6 | RANDY HAAS Agencies Notified Type Notification Street Address Initial EPA ASBEST(S CONTROL & Amended DEP INSING LIL City, State, Zip Code Sien. Amendment #: X DOL Emergency PISCATAWAY, NJ 08854 (including DOH DOH Telephone N Name of Contact justification) ☐ DCA RANDY HAAS Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (- 12) RANDY HAAS Subchapt r 8 (Other than K-12) Street Address Other (Pr ate/Commercial Bldgs./Hc 1es, etc. Bldg. Age Square Feet Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior f being demolished) PISCATAWAY middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 L :ense Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 07/12/16 07/29/16 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/n gative pressure Mini-enclosure \times >3 sf or >3 lf □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) ar Non-friable procedure E is location normally used solely Ε Location of е by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF material (acm) to be C material (ACM) 0 а а abated in facility (13) Yes No N/A ٧ p **BOILER INSULATION (2X)** 50 SQ FT X BASEMENT Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE REC) VERY Disposal Date City, State City, State 07/13/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT)6/21/16 Do not use this form for asbestos licensure exempted activities.