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

D&S Proj. #: 16-68

			(1 01	Suam to Non	0.0	00 and 12.120)		2010.	10	1	21	ş					
Date of Notification (1)		I Name	of Building O	wner/Operator (2)			*016 M	18-2	-	~ ` `						
0 2 / 2 4 / 1 6		11	۷)	2016 MAR 2 PM 12: 36 LICENSING													
Agencies Notified Type Notifi	cation	joy y Street A	Address					3.0	000	1575	130						
☐ EPA ☐ Initial ☐ Amended				4/	CENSI	MA	101										
Amendment		City, St	ate, Zip Code			" ()			_ 1								
DOL Emergen	cy —	MA	PLEWOOD														
DOH (including justification			f Contact	Telepho	phone Number												
DCA Cancellat	,	joy	yagid		01-657-6631												
			DN .		201-03	7-0031			_								
Name of facility where abatement	nt is taki	ng place (3)					Type	of Equility	(4)								
		0. (,		Type of Facility (4) School (K - 12)													
joy yagid Street Address									napter 8 (
- Work Hadroco						Other (Private/Commercial Bldgs./Homes, etc.											
	-						Squar		# of Floo		TE	ildg. /	Age				
City (5)		County (6)				unty Code (7)					33-						
MAPLEWOOD		essex			(St	ate use only)	Curre	nt Use (P	rior if bei	ng der	nolish	nolished)					
Name of Monitoring Firm Hired b	y Bldg.	Owner (8)	-	Name of Abatement Contractor (9)													
Street Address				D & S RESTORATION, INC.													
Street Address		Street Address															
City, State, Zip Code	City, State, Zin Code								20 California Ave. City, State, Zip Code								
									Paterson, NJ 07503								
Project Manager for Monitoring Fire	m		Phone Num	nber		Telephone Number	303	-	License	Num	her		_				
						973-345-8020 01169											
Start Date (10)	S	ched. Comp	letion Date (11)	-	Name of OSHA Monitor											
03/02/16		03/24/16				D & S Restoration, Inc. Street Address											
Occupancy Status During Abatem						20 California Avenue											
Facility closed/vacated during	g entire	period of at	oatement.			City, State, Zip Code											
Abatement performed outsic Describe:			nours-		_												
Scope of Work (check all that app					_	Paterson, NJ 075	503										
V - 2 of our 0 15						ALC: THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADD		inment w	/negative	press	ure						
≥ 160 sf or >260 lf	250	vation				Mini-enclosure Glovebag procedure											
	Demo	5/10 20 20 30 A.D.	Illy used sole	w.				npted (*)		friable	proc	edure	9				
Location of asbestos-containing	by m	aintenance/		1							R	E	E				
material (acm) to be abated in facility (13)	staff(12)		material (on of a (ACM)	sbestos-containing		mount Specify S	For	e m	p	c	n				
abated in lability (13)	Yes	s No	N/A		**************************************			F)		o v	i	a	L				
BASEMENT FAM. RM		X		pipe insulat	ion		571	ft		e	-		1-				
BASEMENT inside column				pipe insulat				57 l ft 7 l ft			믐	片	H				
BASEMENT BOILER Rm				pipe insulat	ion		151			X	Ħ	H	卌				
BASEMENT laundry Rm.storage rm 1&2				pipe insulat	ion		ft										
basement family & boiler rm Registered Waste Hauler	L	JDEP Haul	05 ID# 12	VAT5	Vari	15 sq ft											
D & S RESTORATION, INC.		13506	-00 0420000 E	Cubic Yards of V 3 yds	vaste	Aste Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY											
City, State			Disposal I	Date		City, State											
PATERSON, NJ 07503 Completed by (Print or Type)			03/03/1			TULLYTOWN, I	PA										
BOGDAN JOLDZIC	Title PRES	SIDENT		Signature				a single and	Date								
ASB-41	_		m for asbest	os licensure exe	empted	d activities.			02/24/	2016							

OK 668,1

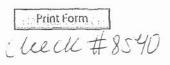
D&S Proj. #: 16-72

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

RECEIVED

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Date of Notification (1)			2016 MAR -2 PM 12: 36												
0 2 / 2 6 / 1		alice w	ong			2 PM 12: 36									
Agencies Notified Type N	Notification	Street Ad	dress			SOLSTOS POLIS									
DEP Amer					& LICENSING										
Amenda	ment #:	City, State	e, Zip Code				T. C. LIVE	-		-					
	rgency	Fair L	awn, NJ 07	410											
	uding ication)	Name of C	Contact	Telephon	one Number										
T DCA	cellation	alice v	wong		201-805-5200										
•			FAC	ILITY INFORMA	ATIO	N									
Name of facility where abate	ement is takin	g place (3)					П	Type of Facility (
alice wong									I (K - 12)	thar t	V	10)			
Street Address							-11		apter 8 (C Private/C			-12)			
								Bldgs./	Homes, e	tc.					
City (5)	1.0	County (6)					- 1	Square Feet	# of Floor	'S	BI	dg. A	ge		
Oity (5)		odiny (0)				ounty Code (7) tate use only) Current Use (Prior if being demolished)									
Fair Lawn		BERGEN					Current Use (Prior if being demolished)								
Name of Monitoring Firm Hi	red by Bldg. C	Owner (8)	1	ASCM No.		Name of Abatement Contractor (9)									
					_	D & S REST	ORAT	TION, INC.							
Street Address		Street Address													
City, State, Zip Code		20 California Ave. City, State, Zip Code													
City, State, Zip Code															
Project Manager for Monitoria	_	Paterson, NJ Telephone Numb)3	License	Nivers									
· · · · · · · · · · · · · · · · · · ·		973-345-80			A PARTICIPATION OF THE PARTY OF	1169	er								
Start Date (10)	Isc	ched Comple	etion Date (11	n	_	Name of OSHA Monitor									
			Mon Bato (1	')		D & S Restoration, Inc.									
03/09/16 Occupancy Status During Ab		3/25/16			_	Street Address	10-10-								
Facility closed/vacated		- R 2	itement.			20 California Avenue City, State, Zip Code									
Abatement performed						City, State, Zip Co	ode								
Describe: NOR	MAL HOURS				-1	Paterson, NJ	0750	3							
Scope of Work (check all that	at apply)					L	Ful	I Containment w	/negative	press	ure				
\times >3 sf or >3 lf	Renov	ation/				83	Mir Mir	ni-enclosure							
≥160 sf or ≥260 lf	☐ Demo	lition						ovebag procedur on-Exempted (*)		friable	proo	oduro			
Location of			y used solely	1	-		LINC	I Exempted ()	and Non-	R	R	E	1		
asbestos-containing material (acm) to be	by ma	aintenance/c 12)	ustodial			asbestos-containing	g	Amount	_	e m	e	n c	E n		
abated in facility (13)	Yes		N/A	material (A	ACM)			(Specify S LF)	r or	0	a	a	C		
		110	IVA							e	r	р			
BASEMENT BOILER R		X		pipe insulati	-			33 1 ft		X			旦		
BASEMENT gas meter c	loset	-		pipe insulati	on			31ft		X	ᆜ		부		
							all and the same of the same o	<u></u>		님	ᆜ	4	14		
		_						ļ		井	屵	님	牌		
Registered Waste Hauler	IN	JDEP Haule	rID# I C	ubic Yards of W	/aste	Name of Registe	ered I a	undfill			Ш	Ш			
D & S RESTORATION,		13506	1	yd.		3		ESOURCE RE	COVER	Y			entrane record		
City, State PATERSON, NJ 07503	1		Disposal D	ate		City, State	***						-		
Completed by (Print or Type)			2 yds.	Signature	_	TULLYTOW	VN, P	A	Doto						
BOGDAN JOLDZIC	100000000000000000000000000000000000000	SIDENT		g. (a.a.)					Date 02.26/2	2016					
ASB-41	* Do no	t use this for	m for asbesto	s licensure exe	mpte	d activities.	(0010)22					-			

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



Date of Notification (1) 2/26/2016			Building O manuel	wner/Opera	ator	(2)	*								
Agencies Notified Type Notification	5	Street Ad	ldress									A	_		
EPA X Initial DEP Amended Amendment #		City, State, Zip Code Newark NJ 07103 Name of Contact Telephone Number													
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	1	lame of	Contact					Tele	phone	e Num	110	3	7 -2	
	D((0)		FACIL	ITY INFO	RMATION	_	Type	of Facility (4)				36			
Name of Facility Where Abatement is Taking House	Place (3)							chool (K-12)			2	SZ		Z	F)
Street Address							☐ S X	ubchapter 8 liher (i.e. pri ic.)	(Othe	er than & comi	1 K-12	D		e Mome:	s, :
City (5) Newark						Square 2,000	e Feet	2	Floor	rs Bldg. Age					
County (6) Essex		County C	Code (7) ISE ONLY)		-	Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building On Altamonti Environmental		ASCM	No.	11		of Abat ER LL	ement Conti C	actor	(9)						
Street Address 2200 Paterson Plank Rd 17						Addres 3ELM	s ONT AVE	VE							
City, State, Zip Code North Bergen, NJ 07047	- SP	City, State, Zip Code HALEDON, NJ 075						'508							
Project Manager for Monitoring Firm Carmelo Altamonti		Telephone No. 201-864-6583				Telephone No. 201-336-0477 License No. 01195									
	Com 16	ompletion Date (11) Name of OSHA Monitor Testor Tech						Γ							
Occupancy Status During Abatement (Check		Street Address													
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Ab I Facility F	atem lours	ement 10-59 Jakson Ave City, State, Zip Code Lic NY 11101									5.			
Scope of Work (Check All That Apply)						10 1	41 11		_				_	_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation Full Containm Mini-Enclosure Glovebag Pro Non-Exemple:						edure							
						I IAOI	i-Exempleo	() and Non-r hable			Abatement				
Location of	No	ocation rmali	y I	Descri	escription of						Туре		ре		
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Mi			y by ice/ staff?	Asbestos Containing			ining Material (ACM) systems insulation, ing, VAT, or			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											9)	
Transite Shingles (ACM)			X Tran			site Shingles			De	bri		x			_
									_						
Name of Registered Waste Hauler		l N	JDEP W	laste	Cubic Yards Name of				f Registered Landfill						
SUPER LLC		H	auler ID 34893		of Waste 250 CYS				ROWS LANDFILL						
City, State 203 BELMONT AVE					Disposal I	Date		City, State MORRIS		LE, F	PA				
Completed by TAILOR DOMINGUEZ	Title PROJ	ECT	MANA	AGER	Sign	nature	B &	1/4			Da 2/2	te 26/20	16		

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name of Building Owner/Operator (2)												
6/26	<u> </u>	15			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Telephone Number											
I delicate the second of the s	pe Notifica	tion			Street Address AM											
	Initial				200 Elm Dr.											
	Amended		00/4	.	City, S	State, Zip (Code	S. LIPE, COAL								
	Amendme			0	Princeton, NJ 08544											
DCA (NJAC 5:23-8)	Emergeno	y (includ	ing	+	Name of Contact Telephone Number											
	Cancellati					ert Orte			609-258-1841							
	Cariocilati				11-000		IFORMATION	009-230-1041	, à							
Name of Facility Where Abatement is Taking Place (3)						JILI 1 11	II OKMATION	(4)								
								Type of Facility (☐ School (K-12)	. 56							
Princeton University-Firestone Library																
Street Address				☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,												
Washington Rd								homes, etc.)				2000				
City (5)								Square Feet	# of Floors	BI	dg. A	ge				
Princeton																
County (6)	100				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ied)						
MERCER								Library								
Name of Monitoring Firm Hire	d by Buildi	ina Owne	er (8)	1	ASCM	No.	Name of Abateme			-	-					
ATC Associates Inc.	,	9 0	J. (J)	1	.00	. 10.	The second control of	VIRONMENTAL	INC							
Street Address							VIICOMMENTAL	_, INO.								
						Street Address										
Three Terri Center	- 38						1123 BEAVE									
City, State, Zip Code						City, State, Zip Co										
Burlington, NJ 08016					BRISTOL, PA 19007											
Project Manager for Monitorin			Telep	phone	No.	Telephone No.		License No.								
Michael Keehn			60	9-386	-8800	215-788-6040	00509									
Start Date (10)	cheduled	Con	plet	ion Da	te (11)	Name of OSHA M										
12 / _21_ / _1	3	/_	7	/16 BRISTOL ENVIRONMENTAL, INC.												
Occupancy Status During Aba	atement (C	heck on	y one	2)	Street Address											
☐ Facility Closed/Vacated During Entire Period of Abater							1123 BEAVER	RSTREET								
☐ Abatement Performed Out																
Time of Abatement: 7:00	M/ <u>5:00</u> P	M- <u>1:</u>	<u>30</u> A	M		BRISTOL, PA										
Scope of Work (Check all that								***************************************								
□ >2 of or >2 if			D		☐ Full Containment with Negative Pressure on ☐ Mini-Enclosure											
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_	Reno													
≥ 160 sf or ≥260 lf						n ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			Is Lo	cati	on			Abatement Typ								
Location of				mal			Description o	f		0						
Asbestos-Containing Mate			Ised S				stos Containing Ma	terial (ACM)	Amount	Remova	Repair	inc	Enclosure			
TO BE ABATED	<u>)</u>		Maint ustod			(i.e	., thermal systems i		(Specify	VOI	air	aps	OSL			
IN Facility (13)				12)			surfacing, VAT, other miscellane		SF or LF)	=		Encapsulate	Гe			
ζ/		Ye	s	No	N/A							ro.				
Throughout Levels C, B	and A	\boxtimes				Floor ti	le and mastic		2,035 SF	\boxtimes						
Level C North Atrium						Windov	vs		14 ea	\boxtimes						
Level A offices						Windov	vs		20 ea	\boxtimes						
Ext. Trustees Reading Ro	oom					Waterp	roofing		1300 SF	\boxtimes						
Name of Registered Waste Ha	auler			N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	tered Landfill							
					auler IE		Waste	G.R.O.W.S.	LANDFILL							
City State		V20-7-11-47-5			20990		Disposal Date	City, State								
City, State							Disposal Date	15.9	IE DA 19067							
NEW CASTLE, DE							MORRISVILLE, PA 19067									
Completed By (Print or Type)		Title					Signature	0 1.	/ Date	2/2	9/	11				
Brian Scafiro		Estin	nato	ſ			Brian	Deafur	1-12 2	12	1/1	6				
ASB-41 05/50/8-	1							0	1							

ASB-41 MAY 11 B S 1 5 0 6 8 - A

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