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

**Date of Notification**: 03/12/16  
**Name of Building Owner/Operator**: joy yagid

**Name of Contact**: joy yagid  
**Telephone Number**: 201-657-6631

**FACILITY INFORMATION**

**Name of facility where abatement is taking place**

**City**: MAPLEWOOD  
**County**: essex  
**County Code**: (State use only)

**Name of Monitoring Firm Hired by Bldg. Owner**: ASCM No.

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

**Type of Facility**

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

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

**Type of Work (check all that apply)**

- Full Containment w/negative pressure  
- Mini-enclosure  
- Glovebag procedure  
- Non-Exempted (*) and Non-Treatable procedure

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

<table>
<thead>
<tr>
<th>Location</th>
<th>N/A</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT FAM. RM **</td>
<td></td>
<td>pipe insulation **</td>
<td>571 ft **</td>
</tr>
<tr>
<td>BASEMENT inside column</td>
<td></td>
<td>pipe insulation</td>
<td>71 ft</td>
</tr>
<tr>
<td>BASEMENT BOILER rm</td>
<td></td>
<td>pipe insulation</td>
<td>151 ft</td>
</tr>
<tr>
<td>BASEMENT laundry rm storage rm l &amp; 2</td>
<td></td>
<td>pipe insulation</td>
<td>421 ft</td>
</tr>
<tr>
<td>basement family &amp; boiler rm</td>
<td>VATS</td>
<td>VATS</td>
<td>15 sq ft</td>
</tr>
</tbody>
</table>

**Registered Waste Handler**: D & S RESTORATION, INC.

**NJDEP Hauler ID**: 13506  
**Cubic Yards of Waste**: 3 yds

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

**City, State**: TULLY TOWN, PA

**Disposal Date**: 03/03/16  
**Completed by (Print or Type)**

**BOGDAN JOLDZIC**

**Title**: PRESIDENT  
**Signature**:  
**Date**: 02/24/2016

*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**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/16/16</td>
<td>alice wong</td>
</tr>
</tbody>
</table>

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

**Type Notification**  
- [ ] Initial  
- [ ] Amended  
- [ ] Emergency  
- [ ] Amendment #:

**Street Address**  
- Fair Lawn, NJ 07410

**Telephone Number**  
- 201-805-5200

**Facility Information**

<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>alice wong</td>
<td>[ ] School (K - 12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Subchapter 8 (Other than K-12)</td>
</tr>
<tr>
<td></td>
<td>[ ] Other (Private/Commercial Bldgs./Homes, etc.)</td>
</tr>
</tbody>
</table>

**City (5)**  
- Fair Lawn

**County (6)**  
- BERGEN

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

**Square Feet**  
- # of Floors

**Bldg. Age**  
- Current Use

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

<table>
<thead>
<tr>
<th>Name of Abatement Contractor (9)</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>D &amp; S RESTORATION, INC.</td>
<td>20 California Ave.</td>
</tr>
</tbody>
</table>

**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

**Start Date (10)**  
- 03/09/16

**Scheduled Completion Date (11)**  
- 03/25/16

**Occupancy Status During Abatement**  
- Checked one

<table>
<thead>
<tr>
<th>Facility closed/vacated during entire period of abatement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abatement performed outside of normal facility hours</td>
</tr>
<tr>
<td>Describe: NORMAL HOURS</td>
</tr>
</tbody>
</table>

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

| - [ ] >2 sf or >2 If  |
| - [ ] 160 sf or >280 If  |
| - [ ] Demolition  |
| - [ ] Renovation  |
| - [ ] Full Containment w/negative pressure |
| - [ ] Mini-enclosure |
| - [ ] Glovebag procedure |
| - [ ] Non-Exempted () and Non-Frangible procedure |

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

<table>
<thead>
<tr>
<th>BASEMENT BOILER Rm.</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pipe insulation</td>
</tr>
<tr>
<td></td>
<td>33 L ft</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BASEMENT gas meter closet</th>
<th>Description of asbestos-containing material (ACM)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>pipe insulation</td>
</tr>
<tr>
<td></td>
<td>31 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**  
- PATERNJON, NJ 07503

**Disposal Date**  
- 2 yrs.

**Name of Registered Landfill**  
- TULLYTOWN, PA

**Completed by (Print or Type)**  
- BOGDAN JOLDZIC  
- PRESIDENT  
- Signature  
- Date 02.26.2016

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

Date of Notification (1) 2/26/2016

Name of Building Owner/Operator (2) Lesli Emanuel

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

Type Notification
- X Initial
- X Amended
- X Emergency (Including Justification)
- X Cancellation

Street Address [Redacted]
City, State, Zip Code Newark NJ 07103

Name of Contact
Telephone Number

FACILITY INFORMATION

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

Street Address [Redacted]
City (5) Newark
County (6) Essex
County Code (7) (STATE USE ONLY)

Type of Facility (4)
- X School (K-12)
- X Subchapter 6 (Other than K-12)
- X Other (i.e. private & commercial buildings, etc.)

Square Feet 2,000
# of Floors 2
Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)
Allamonti Environmental

ASCN No.

Name of Abatement Contractor (9)
SUPER LLC

Street Address
2200 Paterson Plank Rd 17
City, State, Zip Code North Bergen, NJ 07647

Project Manager for Monitoring Firm Carmelo Allamonti

Telephone No. 201-884-6583

Start Date (10) 02/29/2016
Scheduled Completion Date (11) 03/04/2016

Abatement Type

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Transite Shingles</td>
<td>Debris</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
SUPER LLC

NJDEP Waste Hauler ID No. 034883

Cubic Yards of Waste 250 CY

Name of Registered Landfill
GROWS LANDFILL

City, State
MORRISVILLE, PA

Disposal Date TDB

Completed by TAILOR DOMINGUEZ
Title PROJECT MANAGER
Signature
Date 2/26/2016

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

**State of New Jersey**

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>6 / 26 / 15</th>
</tr>
</thead>
</table>

**Name of Building Owner/Operator (2)**
Princeton University-Office of Design and Construction

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial</td>
</tr>
<tr>
<td>DOL/DIV</td>
<td>Amended Amendment 8-2-29/16</td>
</tr>
<tr>
<td>DCA (NJAC 5.23-8)</td>
<td>Emergency (including justification)</td>
</tr>
<tr>
<td></td>
<td>Cancellation</td>
</tr>
</tbody>
</table>

**Street Address**
200 Elm Dr.

**City, State, Zip Code**
Princeton, NJ 08544

**Name of Contact**
Robert Ortego

**Telephone Number**
609-258-1841

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3)**
Princeton University-Firestone Library

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Square Feet</th>
<th># of Floors</th>
<th>Bldg. Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Rd</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**City (5)**
Princeton

**County (6)**
MERCEER

<table>
<thead>
<tr>
<th>County Code (7)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(STATE USE ONLY)</td>
<td>Library</td>
</tr>
</tbody>
</table>

**Name of Monitoring Firm Hired by Building Owner (8)**
ATC Associates Inc.

**ASCM No.**

**Name of Abatement Contractor (9)**
BRISTOL ENVIRONMENTAL, INC.

**Street Address**
1123 BEAVER STREET

**City, State, Zip Code**
BRISTOL, PA 19007

**License No.**
00509

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Keleen</td>
<td>609-386-8800</td>
</tr>
</tbody>
</table>

**Start Date (10)**
12 / 21 / 15

**Scheduled Completion Date (11)**
3 / 7 / 16

**Scope of Work (Check all that apply)**
- Renovation
- Demolition
- ≥3 sf or ≥3 if
- ≥160 sf or ≥260 if

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

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Containment with Negative Pressure</td>
<td>Removal</td>
</tr>
<tr>
<td>Mini-Enclosure</td>
<td>Repair</td>
</tr>
<tr>
<td>Glovebag Procedure</td>
<td>Encapsulate</td>
</tr>
<tr>
<td>Non-Exempted (*) and Non-Friable Procedure</td>
<td>Endorse</td>
</tr>
</tbody>
</table>

**Floor tile and mastic**
2,035 SF

**Windows**

**Windows**
14 ea

**Waterproofing**
1300 SF

**Name of Registered Waste Hauler**
SERVICE TRANSPORT GROUP INC

<table>
<thead>
<tr>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>20990</td>
<td></td>
<td>G.R.O.W.S. LANDFILL</td>
</tr>
</tbody>
</table>

**City, State**
NEW CASTLE, DE

**Disposal Date**

**City, State**
MORRISVILLE, PA 19067

**Completed By (Print or Type)**
Brian Scafro

**Title**
Estimator

**Signature**
Brian Scafro

**Date**
2/29/16

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