Diale Of Frent Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	anuary 24, 2014	î		1	Name of	Building O		ator (2) ole Const	ruction	· ``	3	55	,匠	
							Jennik	ore cons	a detroit	0	ン.	ارر	' ' '	
Agencies Notified	Type of Notificati	on Notifica	ition	1 5	Street Ad	dress	128 B	artlett Av	enne					
[X] EPA [] DEP	1		ification					mucu /iv		MAR	13	201	4	
[x] DOL	L 3	dment #		- 10	City, Stat	e, Zip Code		Smoole NI	00000	*				
[]			ncluding	L			west	Creek, NJ						
[x] DOH		cation)		1	Name of		150		T	elephone Number			_	ľ
[] DCA	[] Cance	llation				Joyce								
				ACII	LITY II	VFORM	ATION							
Name of Facility Where A		Place (3)) .					Type of l	Facility (4)					
Res	sidence		8						Į J	School (k-12)				- 1
Street Address	- James V					-			[]	Subchapter 8 (other (i.e., private			ıl bışildi	inas
100	001 Highland A	venue							[x]	homes, etc.)	& COI	merci	ii bullul	mgs,
City		Count	y (6)		County Co	ode (7)		Square for	eet	# of Floors	Bldg	Age		
			• • •			JSE ONLY	7		00 sf	1		6	0	
Long Beach	Twp.	Ocea	ın					Current 1		being demolished)				
Name of Monitoring Firm	Timed has Davilding (Numar (S	D)	-	ASCM No		Name of	A hatement	Resider					
Name of Monitoring Firm) renwo	9)	1	ASCIVI IN	·	Name of	Abatement		n Contracting,	Inc.			
Street Address							Street A	idress						
										oute 9, Unit 61				
City, State, Zip Code				City, Sta	te, Zip Cod		liver, New Jerse	w 087	55-11	71				
Project Manager for Moni	nher			Telephor	ne Number	1 OHIS P	License N		33-12	2/1				
Project Manager for Moni	toring Firm		Telephone Nur	iloci			9.73	9-9932		00624				
Scheduled Start Date (10)			Scheduled Cor	npletion	Date (1	1)	Name of	OSHA Mo			0000/1002	110000		
1/27/14			1/30/14				- C 1		E.M.S.	L. Analytical				
Occupancy Status During	Abatement (Check of cility Closed/Vacated			F A hoto	m ont		Street A	idress	1056 S	telton Road				
	atement Performed (2000	totton reduc				
	ner – Describe	Jusiuc	or reorman racin	ty Hou			City, Sta	te, Zip Cod		way, New Jerse	., 000	5/		13
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Scope of Work (Check all	that apply)						[]			with Negative Press	sure			
			127 927				[]	E SECTION	Enclosure					
	sf or ≥3 lf			enovati			l .	3,50000	ebag Procedi)waaadu			
[x] ≥16	60 sf or ≥260 lf		[x] D	emoliti	on		[x	Non-	Exempted (() and Non-Friable F	roceat	16		
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			Is Location				Description				R	R	Е	Е
Location		1	Normally used				estos-Co			Amount	E	E	N	N
Asbestos-Containing) / - !-	Solely by	dial			Material (A			(Specify SF or LF)	M	P A	C A	C
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N	a I I aulas	Ц,	NJDEP Waste I	Janlar Y	D No	Cubic Ve	ards of Wa	ste Nar	ne of Regist	ered Landfill			Ь	
	Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					3	LUS OI WA		R.R.F.					
City, State	City, State Dis					-	City, S	tate						
Toms River	Toms River, New Jersey 1/						Tully	town, Pe	msylvani	a	In			
Completed by (Print or Ty		Title	ant 1/5		Signat	ure	1 -	V	1	1	Date	: 4/201	4	
Nicholas Fe	rnicola	Proj	ect Manager		1	1	100	_	TU		112	1/201		

*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)

(Nocic # 23	3/8/1	NOT						TOS ABAT 60 and 5:16		* 1.2	*0				
Date of Notification (1)	2100			1	Name	of Building	Owr	ner/Operator (2	2)				1 //		·
03/	10 / _	14				Associa				. 74					-:4
Agencies Notified	Type Notifica	tion		1	Street	Address							07		
⊠ EPA					300	Executiv	e Di	rive			M	AR	1	2 ,	
⊠ DOLWD	Amended			(City, S	tate, Zip C	ode							- 4	014
☑ DHSS ☐ DCA	Amendme		-		Wes	t Orange	, N.	J 07052						Ţ.,	
(NJAC 5:23-8)	justification		y	1	Name	of Contact				Telephone N	lumber				
	☐ Cancellati				Kev	in Codey	•								
					FAC	ILITY IN	FOR	RMATION							
Name of Facility Where A	Abatement is T	aking Plac	e (3)						Type of Facility	(4)					
Former Car Dealer									School (K-12	2012				•	
Street Address									Subchapter 8			ir Nasrat	1.0	20	
134 Main Street								Ш	Other (i.e., po homes, etc.)		imercia	DUI	iaing	S,	
City (5)				-					Square Feet	# of Floors		Blo	g. Ag	e	
Madison, NJ 07940)								15000	1			5		
County (6)			11-11-2		Coun	ty Code (7	(STA	TE USE ONLY)	Current Use (Pri	ior if being den	nolished	d)			
Morris		<u> </u>	100						Former Car						
Name of Monitoring Firm	Hired by Build	ling Owne	(8)	A	SCM	No.	Nar	me of Abateme	ent Contractor (9)						
ABS Environmenta	ıl, L.L.C.						J	VN Restorat	tion Inc						
Street Address	0.40				-		Stre	eet Address							
P.O Box 483							4	7 Foster Ro	ad						
City, State, Zip Code							City	, State, Zip Co	ode				-		
Glenwood, NJ 0741	18						S	taten Island	NY 10309						
Project Manager for Mon	itoring Firm		T	elep	hone l	No.	Tel	ephone No.		License No).			272	
Scott Higgins		8		973	3-583	B 5 00	7	18-605-6256	b	00774					
Start Date (10)	S	cheduled	Com	pleti	on Dat	te (11)	Nar	me of OSHA M	lonitor						
03 /24 /	_14_	_04_	/ _	04	_ / _	14	Т	estor Tech							
Occupancy Status During	g Abatement (0	Check only	one))			Stre	eet Address							
☐ Facility Closed/Vacate	ed During Entir	e Period o	f Aba	atem	ent		1	0 59 Jackso	n Avenue						
Abatement Performed							City	, State, Zip Co	ode						
Time of Abatement: 8	3:00AM- <u>4:30</u>	PM/	PN	νı	^	M	L	IC, NY 1110	1						
Scope of Work (Check al	ll that apply)													-	
☐ ≥3 sf or ≥3 lf		П	enov	etio	n				tainment with Neg	gative Pressure	е				
≥160 sf or ≥260 lf			emo					☐ Gloveba	g Procedure						
								Non-Exe	mpted (*) and No	n-Friable Proc	edure				
Lastin			Is Lo Non					Danadatian a				Aba	ateme	ent Ty	
Location Asbestos-Containing	277		sed S	olel	y by	Asbe	stos	Description of Containing Ma		Amount		Re	Repair	En	m
TO BE ABA	ATED	_ N	lainte stodi			(i.e	., the	rmal systems	insulation,	(Specify		Removal	pair	caps	Enclosure
IN Facili	ity	00		12)	laii:			surfacing, VAT her miscellane		SF or LF)	à		Encapsulate	l Fe
(10)		Ye	s N	No	N/A		Ott	ner miscenarie	ous)					te	
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Roof	Roof 🗆 🗓							les		6,000 SF	F	X			
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			Е]							- 1				
Name of Registered Was	ste Hauler		-	0.000	DEP \		C. C. C. C. C. C. C.	oic Yards of	Name of Regis	stered Landfill					
Newark Carting				100000000000000000000000000000000000000	uler II 04509		Wa 8	ste 0	IESI, Inc						
City, State					J-7505			posal Date	City, State		-		-		
369 Raymond Blvd		= [7]					0	4/04/14	Bethlehem	n, PA					
Completed By (Print or T		Title		- 4				Signature/	11		Date	-		2-01	
Ralph Barnhardt	×1-7	Proje	ct M	lana	ager			161	111 7		03.	10	- 2:	14	
				7400000				MIN	appen		1-2	,0	-	L	

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* Do not use this form for asbestos ligensure exempted activities.

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-85		(Pursua	ant to NJAC	8:60	and 12:120)			7	: 1	7 15	-	$\overline{1}$
Check # 00554	\overline{Q}	*					e			,,	•	1
Date of Notification (1) 0 3 / 0 6 / 1 4		f Building Owne E DELEU	er/Operator (2)				M	4R 1 3	201	4		
Agencies Notified Type Notification												十
EPA Initial Amended	61 JE	FFERSON A	VENUE				2	3				1
Amendment #:	City, Sta	ate, Zip Code									* ~ * * * * * * * * * * * * * * * * * *	
☑ DOL ☐ Emergency	MAI	PLEWOOD, N	NJ 0740									
DOH (including justification)	Name of	Contact			247		Telephone	e Number	_			
DCA Cancellation	KYI	E DELEU			***************************************							
		FACI	LITY INFORM	ATION	N.							
Name of facility where abatement is	taking place (3)					Ту	pe of Facility (4) (K - 12)				
KYLE DELEU						_	Subcha	apter 8 (O	her th	an K-	-12)	
Street Address					20	7		Private/Co		rcial		
61 JEFFERSON AVENUE						_ s		Homes, et # of Floors		Blo	ig. Ag	ie .
City (5)	County (6)				unty Code (7) ate use only)	- -	Current Use (Pr	ior if being	dem	olishe	ad)	
MAPLEWOOD	ESSEX				1		•		, uonn	Ollotte	,u,	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASCM No.		Name of Abatem							
				_	D & S REST	ORATI	ION, INC.					
Street Address					Street Address	A 110						
City, State, Zip Code		Name of the Park		_	20 California City, State, Zip Co	_,						
Oity, State, Zip Code					Paterson, NJ		3					
Project Manager for Monitoring Firm		Phone Numb	er	_	Telephone Numb			License		er		
					973-345-80			0:	1169			
Start Date (10)	Sched. Com	pletion Date (11)		Name of OSHA N		Inc					
03/07/14	03/28/14				Street Address	ration,	IIIC.					
Occupancy Status During Abatement					20 California	Avenu	ie					
Facility closed/vacated during and Abatement performed outside and Describe:	of normal facility				City, State, Zip C	ode						
Other-Describe: NORMAL HO	OURS			-	Paterson, N.							
Scope of Work (check all that apply)							Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						i-enclosure vebag procedu	re				
≥160 sf or ≥260 lf	Demolition		*				n-Exempted (*)					
Location of	Is location norm by maintenance			1 2			Amount		e e	R	E n	E
asbestos-containing material (acm) to be	staff(12)		Description material (asbestos-containin	g	(Specify S	SF or	m o	p	c a	n c
abated in facility (13)	Yes N	o N/A					LF)		v e	i	p	L
BASEMENT			PIPE INSU	TLAT	ION		115 L FT		×			
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		ubic Yards of V 2 YDS	vvaste	TULLYTON			ECOVER	Y			
City, State		Disposal D			City, State							
PATERSON, NJ 07503		03/07/1			TULLYTOV	WN, PA	A	Date		-		_
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					03/06/	14			
	Do not use this	form for asbest	os licensure ex	empte	ed activities.			1				

State of NJ Notification of Asbestos Abatement

Date of holibration (1) D. S. 1/Q 16 1/2 1 D. S. 1/Q 16 1/2 1 D. D. D. D. D. D. D.	Das Proj. 8: 2014-85	(Pursuan	t to NJAC 8:60	and 12:120)	MA COLOR	PROVED		1	
Date of Monitoring Firm Pilose Number Pilo							rvicos	F	1
SPA White State	Date of Notification (1)	Name of Building Owner/C	Operator (2)		- Asia	- 1000	1	-	+
SPA White State		KYLE DELEU			3/6/1	Ignature) 1:51	PY		
DEP Annehod Annehod Annehod Annehod St. DEPERSON A VENUE Street St. Dependency St. St. Dependency St. St. Dependency Dependency St. Dependency Depende		Street Address		1 7	NV-10-1	- CVV		p(f : 5)	十
DOL Emrogenory (Including (Intlication) Dock Dollar PACILITY INFORMATION Name of facility where abutement is taking place (8) Name of facility where abutement is taking place (8) FACILITY INFORMATION Type of Facility (4) School (K · 12) Shool (K · 12) Sh		61 JEFFERSON AVI	ENUE						
MARLEWOOD, NJ. 0740 Name of footing (including) Name of foot	Amendment #:	City, State, Zp Code		. 1 1 4				,,,,,,	1
DCA Cancellation STLE DRLEU	Emergency	MAPLEWOOD, NJ	0740			20.444			J
PACILITY INFORMATION School (K-12) Schoo	(ustification)	Name of Contact			Telephon	e Number			
Name of facility where abatement is taking place (8) XYLE DELEU Street Address City (a) County (6) County (6)	DCA Cancellation	KYLE DELEU	. !			N			
School (K-12) Sc		FACILIT	Y INFORMATION						==
Street Address City (a) County (b) County (c) Coun	Name of facility where abatement is	aking place (3)	*************************************		Type of Facility (4)			
Street Address 5 JEFFERSON, AVENUE City (6) Country (6) Country (7) (State vate only) Country Cardy (7) (State vate vate vate vate vate vate vate	KYLE DELET		10					W.	ř
City (3) City (3) County (6) County (7) (State use drift) MAPLEWOOD ESSEX Name of Montaring Firm. Hiped by Bidg: Owner (8) ASGM No. Street Address Oily, Sike, Ap Code Price Address Oily, Sike, Ap Code City,	The second secon			· · · · · · · · · · · · · · · · · · ·				-12)	
Supervision		F .	17 (S 340	1	Bidgs./	Private/Comm Homos, stc.	stolo!		
MAPI EWOOD ESSEX Name of Montioring Firm Hird by Bidg: Owner (8) ASCM No. Name of Montioring Firm Hird by Bidg: Owner (8) Street Address City, Stells, App Code Project Manager for Monitoring Firm Phone Number City, Stells, App Code Patterson, N. J. 07503 Stell Date (10) Start Date (1		5 . v. 1	, ·	h #961a			В	dg. A	ge
MAPLEWOOD FSSEX Name of Monitoring Firm, Hipad by Bidg: Owner (8) Street Addrase Description Project Addrase See See Sec See Sec Sec See Sec See Sec See Sec See Sec Sec	City (S)	County (6)				*			
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Street Address City, State, 28 Code Project Manager for Monitoring Firm Priorie Number Telephone pumber Start Date (10)			SCM No.	Name of Ansternant	Contractor (9)				-
Street Address Street Address			John Maria	图 《 图 》	500				
Project Manager for Monitoring Pirm Priorie Number Start Date (10) Star	Street Address		1	Street Address:	ATION, INC.	 			
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Pincipe Number Pinc			. (NAV	Paterson NJ 07	503		- 1		2
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Cocapency Status Duting Abatement (Check only one) Facility-closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Paterson, NJ 07503	Start Date (10)	Sched. Completion Date (11)		1 00					
Cocking processed varieties of the control of a particle performed outside of normal facility hours.		03/28/14			on, inc.				
Abatement performised outsides of normal facility hours- Describes; INORMAL HOURS Scope of Work (check all that apply) > 2 sf or >2 if	Occupancy Status Duting Abatement (Gheck only one)		n fi all des	anue				E:
Describe: Describe: NORMAL HOURS Paterson; NJ 07503	Facility.closed/vacated during er	itire period of abatement.	- 1	Total Control of the		month design of the second second		we'r	
Scope of Work (check all that apply) Sope of Work (check all that apply)	Describe;								1
≥3 st or >3 st	· · · · · · · · · · · · · · · · · · ·	JRS.		Paterson, NJ 07	503		4 6		<u> </u>
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material (acm) to be abated in facility (13) Yes No N/A BASEMENT PPE INSULATION 2 YDS PRESTORATION, INC. NIDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill TULLY OWN, RESOURCE RECOVERY Disposal Date 03/06/14 De foot use this form for asbestos ligenauto exampted activities.		y maintenance/custodial				R	'A'	_	
BASEMENT X P PIPE INSULATION 2 YDS Begistered Waste Mauler D & S RESTORATION, INC. NIDEP Hauler ID# 13506 2 YDS NILLY OWN, RESOURCE RECOVERY Disposal Date City, State City, State Completed by (Print of Type) REGIDAN SOLD ZIC PRESIDENT Do hot use this form for asbestos ligenauro exempted activities.	material (acm) to he	Aff(12)	Description of as material (ACM)	bastos-containing		For m	p,		n
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ingistered waste yauter D & S RESTORATION, INC. NUDEP Hauter ID# Cubic, Yards of Waste Name of Registered Landfill TULLY SOWN, RESOURCE RECOVERY PATERSON, NIL 07503 Disposa Date 03/07/14 City, State City, State PATERSON, NIL 07503 Date 03/06/14 ASR-41 Do hat use this form for asbestos ligenauro exempted activilles.	BASEMENT	X III PI	PE INSULATIO		12 VDC		-	Marie Property	-
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egistered Wester Mauler D# Cubic Yards of Wester Name of Registered Candrill D & S RESTORATION, INC. 13506 2 YDS TULLY SOWN, RESOURCE RECOVERY Olsposid Date City, State PATERSON, NI 07503 03/07/14 TULLY OWN, PA Completed by (Print or Type) Title Signature BGGDAN JOLDZIC PRESIDENT Date 03/06/14 Do not use this form for asbestos licensure exempted activities.	्रिक्साम्				1 177		#	H	卅
D & S RESTORATION, INC. 13506 13506 2 YDS TULLY OWN RESOURCE RECOVERY PATERSON, NL 07503 O3/07/14 Completed by (Print of Type) ROGDAN JOLDZIC PRESIDENT Do not use this form for asbestos ligenauro exempted activities.	Chickers Marks Comme			E to Water			H	Η	H
PATERSON, NI 07503 Completed by (Print or Type) REGIDAN JOLDZIC PRESIDENT Do not use this form for aspectos ligenauro exempted activities.	D & S RESTORATION, INC.			Name of Registered	Candilli			<u>►</u>	
PATERSON, NI. 07503 03/07/14 TULLYTOWN, PA Date ROGDAN JOLDZIC PRESIDENT Do not use this form for asbestos ligensure exempted solvilles.	Dity, State : 7		******		RESOURCE RE	COVERY			
BOGDANIOLDZIC PRESIDENT ASP-41 Do not use this form for aspestos licensuro exempted activities.		EA 1 ■ 48.00E0 - 0.00E0			PΔ				
Do not use this form for aspestos ligenauro exempted activities.			nature			Date			17.1
Do not use this form for aspestos ligenauro exempted activilies.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C14.0	1.7	o .	
	MAB	06. 2014 (THU) 14:37	COMMUNICA	activities.	PAGE. 1				

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

D&S Proj. #: 2014-88						and 12:120)			38 38			P	-
Check # 005	544	ē						9				#7	,
Date of Notification (1) 0 3 / 0 6 / 1 3		Name of E	300 OM 10	ner/Operator (2))			1	MAR 1	3 2	014		
Agencies Notified Type Notifica	ion	Street Add	7,5,5,7,		_			U.	***				\neg
☐ EPA ☐ Initial ☐ Amended		43 Har	vard Street					* 7			5	. /	
Amendment #	11		, Zip Code									-	1
☑ DOL ☐ Emergency	$-\parallel$	MONT	CLAIR, N	JJ 07042									_
DOH (including	1	lame of C						Telephone	e Number				
justification) DCA Cancellation	- 11	david	astor								(MONTON)		
			FAC	CILITY INFORM	IOITAI	ĺ			₹. ₹				
Name of facility where abatement	s taking pl	ace (3)					T	ype of Facility (4) (K - 12)				
david astor				C				=	apter 8 (O	ther th	nan K	-12)	
Street Address	V-13-10-10-10-10-10-10-10-10-10-10-10-10-10-	*					71	Other (omme			
43 Harvard Street							_ -		# of Floor		Bl	dg. A	ge
City (5)	Cou	nty (6)			10000	nty Code (7) te use only)	│	Current Use (Pr	ior if bein	n dem	oliehe	ad)	
MONTCLAIR	ess	ex				,,		Ourient Osc (i i	ioi ii boiii	g dem	10113111	,	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem	ent Co	ntractor (9)					
						D & S REST	ORAT	ION, INC.					
Street Address						Street Address							
						20 California	a Ave.						
City, State, Zip Code						City, State, Zip Co	ode					12	
						Paterson, N.		3					
Project Manager for Monitoring Firm	1		Phone Num	ber		Telephone Numb			License		er		
						973-345-80			0	1169			
Start Date (10)	Sche	d. Comple	etion Date (1	1)		Name of OSHA I D & S Resto		Inc					
03/18/14	03/2	200.000		7		Street Address	nation,	, me.					
Occupancy Status During Abateme	1955	(8) (8)	80 F.ATT	1357.		20 California	Aven	ue					
Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode						
Describe:		racility ric	ours-					_					
Other-Describe: NORMAL F						Paterson, N.							
Scope of Work (check all that appl	y)						=	Containment w	/negative	press	ure		
	Renovation	on						ni-enclosure ovebag procedur	e ·				
≥160 sf or ≥260 lf	Demolitio	n				-	Total Control Control	n-Exempted (*)	and Non-	-	proc	edure)
Location of		n normall enance/c	y used solel	У						H e	R	E	E
asbestos-containing material (acm) to be	staff(12)	enance/c	ustoulai			sbestos-containin	g	Amount (Specify S	For	m	р	c	n
abated in facility (13)	Yes	No	N/A	material ((ACIVI)			LF)		O V	l a i	a	L
2nd floor bedroom				PIPE INSU	ПАТ	ION .		11 l ft		e	<u></u>	L ^r	+
2nd floor bedroom			+	PIPE INSU				91ft			Ħ	Ħ	十
ATTIC				PIPE INSU				31ft			〒	Ħ	〒
				1		3				Ħ		百	
				1		100000000000000000000000000000000000000				ī	f		
Registered Waste Hauler	NJD	EP Haule	r ID#	Cubic Yards of \	Waste	Name of Registe							1
D & S RESTORATION, INC.	13.	506		1 yd			/N, RE	SOURCE RE	COVER	Y			
City, State PATERSON, NJ 07503			Disposal 1 03/19/1			City, State TULLYTOV	VN. PA	A					
Completed by (Print or Type)	Title		-	Signature		10001104	1, 1 /		Date				
BOGDAN JOLDZIC	PRESIL	ENT							03/06	/2014			

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

ASB-41

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

D&S Proj. #: 2014-87	_	(Pursua	ant to NJAC	8:60 8	inu 12:120)							
Mock # 10554	13			- 2				MAR	1 3	2014		_
Date of Notification (1)	- 11	Building Owne				12						
Agencies Notified Type Notification	_	IONY DIMA	GGIO								_	-
☐ EPA ☐ Initial	Street A		DIC DOAD								****	
DEP Amended		RAMON SPE	MIG ROAD									
Amendment #:	_	VILLE, NJ	07834									
DOH (including		Contact	07054				Telephon	e Numb	er			
justification)	ANT	HONY DIM	AGGIO					8-9				_
Cancellation	11 2412		ILITY INFORMA	ATION					179			2000-20
Name of facility where abatement is to	aking place (3)	520 5 2000				T	ype of Facility (4)	3.			
Name of facility where abatement is to	aking place (o)					Ш		ol (K - 12	²⁾ (Other th	an K-1	2)	
ANTHONY DIMAGGIO						11	Other	(Private/	Commer		L)	
Street Address						IL	Bldgs.	/Homes,	etc.		g. Age	
23 DRAMON SPRING ROAD						. *	Square Feet	# of Flo	oors	Dia	J. Aye	,
City (5)	County (6)				ity Code (7) e use only)	-	Current Use (P	rior if be	eing dem	olished	i)	_
DENVILLE	MORRIS	3		A T-1723		11						_
Name of Monitoring Firm Hired by Blo	dg. Owner (8)		ASCM No.		Name of Abateme							
				_	D & S RESTO)RAT	ION, INC.					_
Street Address				- 11	Street Address 20 California	Δve						
					City, State, Zip Co							
City, State, Zip Code					Paterson, NJ		3					
Project Manager for Monitoring Firm		Phone Num	ber		Telephone Numb			Licen	se Numb 01169	er		
					973-345-80 Name of OSHA N				01109			_
Start Date (10)	Sched. Con	npletion Date (11)		D & S Resto						-	
03/08/14	03/28/14				Street Address							
Occupancy Status During Abatement	(Check only o	ne)			20 California	_	nue				_	_
Facility closed/vacated during e Abatement performed outside of	ntire period of	abatement. v hours-			City, State, Zip Co	ode						
— Describe:				-	Paterson, N.	0750)3					
Other-Describe: NORMAL HO							II Containment	w/nega	tive pres	sure		
	Renovation						ini-enclosure ovebag proced	luro				
	Demolition						on-Exempted (*) and N				_
	Is location nor	mally used sole							R e	R	E n	E
asbestos-containing	by maintenand staff(12)	ce/custodiai	Descrip materia	tion of a	sbestos-containin	ıg	Amount (Specify		m	p a	c a	n c
material (acm) to be abated in facility (13)	Yes	No N/A		. (,,			LF)		v e	i	р	L
D. COTA CENTE			PIPE INS	ULAT	ION		90 L FT					
BASEMENT	-		1							口	므	뷔
									ᆜ님	뷰	ዙ	ዙ
							-		-	井	片	묶
			Cubic Yards o	f Waste	Name of Regis	tered L	andfill		_	1	<u> </u>	1-
Registered Waste Hauler D & S RESTORATION, INC.	13506	lauler ID#	1 yd	i vvasio	TULLYTOV	VN, F	RESOURCE	RECOV	VERY			
City, State		Disposa			City, State	W/NT	DΑ					
PATERSON, NJ 07503		03/09	9/14 Signature		TULLYTO	WIN,	rA	Da	ite			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	Т	Oignataro					03	3/06/201	4		-
DOODAN JODDZIO	Do not use th	is form for asbe	estos licensure	exempt	ed activities.			-sun House				

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

D&S Proj. #: 2014-87

				1	11.7	
Date of Notification (1)	Name of Building Owner/Operator (2)	ALEROA!			7	
0 3 /0 7 /1 3	ANTHONY DIMAGGIO	McDept, of Health &	enior Services	MAR 13	2014	
Agencies Notified Type Notification	Street Address	(signature	0 :07 PM			
Amended	23 DRAMON SPRING ROAD	1.3/6/14	Green Charles			
:Amendment #:	City, State, Zip Code					1
DOL Emergency	DENVILLE, NJ 07834	¥.				
DOH (including justification)	Name of Contact		Telephone	Number		_
DCA Cancellation	ANTHONY DIMAGGIO	1 1 6				
	FACILITY INFORMA	ATION			27	16
Name of facility where abatement is taki	ng place (3)		Type of Facility (4	() (V 10)		
A DEPUTOR TO THE A CICYO		4	Line I	(K - 12)	12 AM	
ANTHONY DIMAGGIO Street Address				ipter 8 (Other the Private/Commer		
Otreet Address	4.8		Bldgs./	lomes, etc.		
23 DRAMON SPRING ROAD			Square Feet	# of Floors	Bldg. A	je
City (5)	County (6)	County Code (7)				
DENVILLE	MORRIS	(State use only)	Current Use (Pr	lor if being demo	allshed) ,	6
Name of Monitoring Firm Hired by Blog.		Name of Abatement C	Contractor (9)	*		77
		D&SRISTORA	TION, INC.	*		
Street Address	9: 1	Street Address			a tong menti	
elta. Y	*	20 California Av	е.			
City, State, Zip Code	Á	City, State, Zip Code				1
7 ta		Paterson, NJ 075	503		(4)	
Project Manager for Monitoring Firm	Phone Number	Telephone Number		License Numb	er	-
	7.	973-345-8020		01169		
Start Date (10)	Sched, Completion Date (11)	Name of OSFIA Monit			386	
03/08/14	03/28/14	D & S Restoration	on, Inc.			,
Occupancy Status During Abatement (C		20 California Av				
Facility closed/vacated during entir	e period of abatement.	City, State, Ep Code	Since	mandard		
Abatement performed outside of ne	ormal facility hours-	l lony, Gara,				10
Describe: NORMAL HOUR	S	Paterson, NJ 075	503			
Scope of Work (check all that apply)			ull Containment w	/negative press	ure	
100 - 0 mf au - 0 m	novation	¥1 2 mm	Mini-enclosure			
	nolition		Alovebag procedur Non-Exempted (*)			1
Location of list	ocation normally used solely		NON-EXEMPLEC ()	TH	R E	1
asbestos-containing by	maintenance/custodial Descripti	on of asbestos-containing	Amount		9 n	E
photod in facility (\$3)	material		(Specify S	SFor o	a a	0
	es No N/A			V	i p	J
BASEMENT	PIPE INSU	LATION	90 LFT	X		
ha in the same of		The state of the s	7.5			
		The state of the s				
			l.			
Hegistered Waste Hauter D & S RESTORATION, INC.	NJDEP Hauler ID# Cubic Yards of 13506 1 yd	Wasto Name of Registered TULLYTOWN,	Landfill	יצמפווצוחוני	i, *	72
City, State	Disposal Date	City State	RESUURCE KI	ACC VEKY		
PATERSON, NJ 07503	03/09/14	TULLYTOWN,	PA .	38	Fe 10	29
Completed by (Print or Type)				Date		ing the same
The state of the s	ESIDENT? "		All y as to t	03/06/2014		
ASR-41 DO	not use this form for asbestos licensure ex	compted activities.	4.	- 10		-

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

(hoor #	11012	(Pt	ırsu	ant	to	<u>N.</u>	J.A.(<u>3.</u> 8:	60 and	12:12	20)				Γ.		
Date of Notification		<u> </u>							/ Operator	r (2)	4 ti						,
	03-11-2014		_		_	_	oratio	n				M	<u>AP 13</u>	201	1		
	Type Notifica	ation	- 1	Stree			100000										
☐ DEP		rs =					Road Zip C	odo								-	+
DOL DOL		nded (2 nd)					ide, l		002		39						1
☑ DOH		rgency					ntact	40 01	032				Te	elepho	ne N	lumb	er
DCA		ellation	- 1	Mr. I									1.15	, i qui i		unio	O 1
							977										-
NI					CII	_IT	Y INF		ATION								
Name of Facility Wh		ent is Taking Pi	ace (3)				1 yr	oe of Facili School (F						į.		
Street Address	imums				-			ᅴ늗			Other than	V 10\			5 .		
27-31 Annapolis Ave	Buo								13	0.70	ite & comm	0.5		hon	200	oto)	
27-31 Annapons Ave	nue								uare Feet		# of Floors			lg. Ag		:(0.)	
City (5)		County (6)	ICc	ounty	Ca	do (7\	-134	uale reel		# OI FIOUR	•	l Dic	ig. Ay	Е		
Atlantic City, NJ		Atlantic	100	Juilty	CU	Je (,	Cu	rrent Llee /	Drior if	being den	olich	od)				
Atlantic City, No		Atlantic							artment		27500	1011511	eu)				
Name of Monitoring	Firm Hired h	y Building Own	er (8)	`	1	180	M No.				Contracto	r (Q)					
American Enviro			ici (u)	,	ľ	100	IVI IVO.				ement Gr		LIC				
Street Address	·····oiitai op	700141101							eet Addres		Cilioni Ci	oup,	LLU				
	3 Westbury Court							102720000			e, Suite	202					
City, State & Zip Co	, State & Zip Code								y, State &								
Marlton, NJ 0805	irlton, NJ 08053								enton, NJ								
Project Manager for	oject Manager for Monitoring Firm						er	Tel	ephone No	umber		Li	cense Nu	mber		100	
Mr. Murry			856-	985	-288	35	y cultury	60	9-977-615	59				0118	35		
Scheduled Start Dat		Scheduled Con				(11)		1000000	me of OSH								
03-24-201			4-08		4			_			tal Labor	atori	es, Inc.				
Occupancy Status D								A TOTAL STATE	eet Addres	15.75 St							
		During Entire P							33 Route		97204703303						
Abatement I Describe:	Репогтеа О	utside of Norma	al Hol	urs 4	30p	m-1	i:uuan		y, State & .		de						
	upied During	Abatamant						Jun	ion, NJ 0	7083							
Scope of Work (Che	The Part of the Pa	The college of the state of the	-														
ocope of work (one	cck all triat ap	opiy)								\boxtimes	Full Conta	inmer	nt with Ne	gative	Pre	ssure	
≥3 sf or ≥3 li	f		\boxtimes	Re	nov	atio	n			H	Mini-Enclo			J			
≥160 sf ≥26	O If		H	De	mo	litior	1			Ħ	Glove Bag	Proc	edures				
										Ħ	Non-Exem			Friabl	e Pro	cedu	re
Lo	cation of		ls	Loca	tion	1			Description	n of		An	nount	Ab	atem	ent T	уре
	os-Containin	g		mally		ed			estos-Con				pecify			П	Ϊ
	erial (ACM)	4		Solely		1			Material (A			SF	or LF)	70	_	E	ш
	BE ABATED Tacility			ntena todial		2000000			thermal sylion, surfac					Remova	Repair	ap	ncls
31	(13)		Cusi	(12		1111	8		ner miscella					ova	a.	Encapsulate	Encisoure
	()		Yes	No		I/A		7 73			-/			-		e e	Ф
Unit # 1			П		1		8	F	Encapsul	ate	25	SF		†	t	Ø	П
Unit # 2			Ħ		ti	Ħ			ncapsul			SF		Ħ	H	d	Ħ
Unit # 3			Ħ		ti	T			Encapsul			SF		怈	H	Ø	Ħ
Unit # 4	Ħ		Ti	Ħ			ncapsul			SF		怈	门	Ø	Ħ		
Unit # 5	П		ti	Ŧ			Encapsul			SF		悄	Ħ	X	Ħ		
Unit # 6			Ħ		ti	Ħ			Encapsul			SF		悄	Ħ	X	Ħ
Name of Registered	Waste Haul	er			JDE	P V	Vaste		Yards		e of Registe		andfill			I KLY	
J		5		0.000			No.	of Wa				70.70	7.750,0/10.0117.				
Resource Manag	ement Gro	up, LLC		0	035	218	3	TBD		Grov	vs Landfi	11					
City, State						W			sal Date	City,				A-117			
Trenton, NJ								TBD		Mor	isville, P	A					
Completed By (Print	or Type)	*****			itle			Signa	iture	1//	20			Date			
Mr. Brian J. Ha	aney			P	res	ide	nt	1	1.00	XI	11/2			03/1	11/2	014	
4,444	953							1 /	1911	111	1/9/1						

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

Date of Notification (1)			Owner / Operato	or (2)						
03-11-2014		orporation	on	15 53		- 1			F	
Agencies Notified Type Notification	Street A									
⊠ EPA □ DEP ⊠ Initial-Page 2 of 2		istol Road ate & Zip C	`odo							
DOL Amended (2 nd)			NJ 07092			14.4	R 19	20	ń	
□ DOH □ Emergency		f Contact	45 07032				Telepho			or
DCA Cancellation	Mr. Dav					L	reiebili	יו סווע	unib	<u>eı</u>
		*	00111							
Name of Facility Where Abatement is Taking F	Place (3)	LIIYINF	ORMATION	ih. (A)						- 44
Bayside Condominiums	race (3)		Type of Facil School (
Street Address	·	***************************************			ther than K-1	12)				
27-31 Annapolis Avenue			Other (i.e.				as hon	100	etc)	
			Square Feet		of Floors		Bldg. Ag		,,,	
City (5) County (6)	County Co	de (7)		1	011.00.0	1	Jug. 7 ig			
Atlantic City, NJ Atlantic		()	Current Use	(Prior if I	peina demoli	shed)				
			Apartment	E 1	5700	/				
Name of Monitoring Firm Hired by Building Ow	ner (8)	ASCM No.))				
American Environmental Specialist			Resource N							
Street Address			Street Addres	50.004			498			
118 Westbury Court			2115 Hamil			2				
City, State & Zip Code			City, State &							
Mariton, NJ 08053 Project Manager for Monitoring Firm	Telephone N	umbar	Trenton, N.			I in a second	l le			
Mr. Murry	856-985-288		Telephone N 609-977-61			License N	0118	35		
	mpletion Date	(11)	Name of OSI	HA Moni	tor					
	04-08-2014		J&S Enviro		al Laborato	ries, Inc				
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire F	nly one)		Street Addres							
Facility Closed/Vacated During Entire F Abatement Performed During of Norma			2333 Route							
Describe:	ii nouis /aiii-s	.Supm	City, State & Union, NJ (•	е					
Facility Occupied During Abatement			Ollion, NJ	11003						
Scope of Work (Check all that apply)										
				⊠ F	ull Containm	ent with N	legative	Pres	ssure)
≥3 sf or ≥3 lf	Renov				/lini-Enclosur					
≥160 sf ≥260 lf	Demol	lition		-	Blove Bag Pr					
					Ion-Exempte					
Location of Asbestos-Containing	Is Location Normally Use		Description Asbestos-Con			Amount	Ab	atem	ent T	ype
Material (ACM)	Solely by		Material (A			(Specify F or LF)			ш	
TO BE ABATED	Maintenance		(i.e., thermal s			, 0, 1,	Re	N.	nca	Enc
in Facility	Custodial Sta	aff? i	nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
(13)	Yes No N	N/A	or other miscell	aneous)			<u>m</u>	_	late	le le
11mi4 # 7		7			05.0				F 4	
Unit # 7 Unit # 8		=	Encapsul		25 S		$\dashv \vdash$	片	X	H
Offit # 6		=+	Encapsul	ate	25 S	F	$\dashv \vdash \vdash$	H	M	H
		┽—					ᆜᆜ	닏		닏
								Ш	Ц	
						222				
Name of Registered Waste Hauler	1 1000		Cubic Yards	Name	of Registered	d Landfill				
D		er ID No.	of Waste							
Resource Management Group, LLC	0035	218	TBD		s Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, St						
Completed By (Print or Type)	T:41 -			IMOLLIS	sville, PA		D-4			
Mr. Brian J. Haney	Title	ident	Signature		(h		Date 03/1	412	N4 A	
Dilair o. Halley	1100		JUM		MU		03/1	112	U 14	

State of New Jersey - Notification of Asbestos Abatement Check # 2718 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14				No.	wasanaan						
Date of Notification (1) March	4, 2014			4	Name of Building Owner. RUTGERS, THE S	Operator (2)	VERS	ITY OF	NJ		17 12
Agencies Notified EPA DCA		Notification Initial Amende	Notifica ed Notif	fication	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG	HEALTH	& SAF	ETY C	DEPT.	S.	
☑ DOL ☑ DEP- No Longer REQUI	RED	■ Emerging justification	ency (i ation)	ncluding	City, State, Zip Code PISCATAWAY, NJ	08854	, m	10		÷ 2	014
⊠ DOH		□ Cance			Name of Contact MICHAEL SMITH, I HEALTH & SAFET		Teler	bono Ak	mbor	-	3
				FACILITY INI		<u> </u>			//	- 32	
Name of Facility Where Abate FINE ARTS BLDG., B				TAGILITIM	Type of Facility (4) School (K-12)	VIII VIII VIII VIII VIII VIII VIII VII		- 17			
Street Address CAMDEN CAMPUS		=			Subchapter 8 (other the Other (i.e. private & consg. Feet: N/A					ars	
City (5) CAMDEN	County (6	MDEN		Code (7) Use Only)	Current Use (prior if bein	g demolished	i): ACA	ADEMIC			
Name of Monitoring Firm Hire ATC ASSOCIATES	d by Bldg. (Owner (8)	ASCM 0098		Name of Contractor (9)					-	Uvve
	25 00			20	GREENWOOD ABA	TEMENT C	ONSU	LTANT	rs, INC	: .	
Street Address 3 TERRI LANE					Street Address	300-350					
City, State, Zip Code					268 MAIN STREET						
BURLINGTON, NJ 0					City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring BRIAN KEARNY	g Firm	Telephone 1 609-386			Telephone Number			se Numb	er		
Cohodulad Ctart Data (40)		Cabadalad	l . f .	- D-1- (44)	973-492-0477		0084	10	01025		
Scheduled Start Date (10) 03/14/14		03/17/14	ompletic	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC.	•					
Occupancy Status During Al	patement (Check only o	ne)		Street Address	·	*****				
☐Facility Closed/Vacated D ☑Abatement Performed Out	uring Entir	e Period of A	batemen	t	20-21 WARGARAW	ROAD					
Describe		8.52		_	City, State, Zip Code						
☑Other – Describe: Shift	Hours:	5:00PM - 9	5:00AN	n	FAIRLAWN, NJ						
Scope of Work (Check all that	apply)										
				[V]D	277.5	Full Contai		rith Nega	ative Pre	ssure	
≥ 3 sf or ≥ 3≥ 160 sf or 3						Mini-Enclo Glovebag					
	_ 200			■ Demoidon	· · · · · · · · · · · · · · · · · · ·	Non-Exempt			Friable P	rocedi	ire
Location of Asbestos-Containing		cation Normal		Description of Asl	bestos Containing Material	Amou	nt		nent Type		
Material (ACM) in Facility (13)	Staff	ly by Maint./Cu ? (12)		(ACM) (i.e. them VAT, or other mis	nal systems insulation, surfacticell.)	ing, (Spec or LF)		Remove	Repair	Encap	Enclose
217	YES	NO X	NA	VAT & MAST	FIC	600	PF	X			т
		<u> </u>	l	VAI & WAS	110	000	3F	<u></u>	+	-	-
	_					_			+		
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was See Below		ID#	Cubic Yards of Waste:	10 CY		of Regis			ill
Hauler #1) Greenwood Abate	ment Cons	ultants, Inc. –	Butler, 1	NJ 07405		Disposal D			City, Stat		#:II
NJDEP # 12561 Hauler #2) Horizon Disposal S NJ DEP # 22612		ic., Trenton,	NJ 08611			03/17/14		F	100 New Rd. Morr 19067 215-736-	isville,	149995
Completed by (Print or Type)		<u>litle</u>		_	Signature		Date				
RAYMOND C. PEDAL		SENIOR PI MANAGER		1	Raymand C. Per	dalino	N	/larch	4, 201	4	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

(heck # 860	N			OF ASBE to NJAC 8										
Date of Notification (1) 03-03-14			Name of Mark N	Building (Votika	Owner/C	perator	(2)				7 7	7: [7	
Agencies Notified Type Notification	n		Street Ad 44 Joh	ddress nn Dow	Ave				LVAD	1 0		9	.	
EPA Initial Amended Amendme		_		te, Zip Co rick,NJ,(48 100			MAR	1 0 ,	1014	· · · · · · · · · · · · · · · · · · ·		
DOH justificatio			Name of Mark I	Contact Votika					Teler	ohone N	lumber		i	
			FACII	LITY INFO	RMATI	ON							_	
Name of Facility Where Abatement is Tal 44 John Dow Ave	king Place (3)	A STATE OF THE STA		=			Туре	e of Facility (4 School (K-1)	2)					
Street Address 44 John Dow Ave								Subchapter Other (i.e. p etc.)				ldings	, home	es,
City (5) Waldwick	-						Squ 300	are Feet	# of I	Floors		31dg. <i>i</i> 50	Age	
County (6) Bergen			County (Code (7) USE ONLY)				ent Use (Prio	or if bein	g demo	lished)			AS
Name of Monitoring Firm Hired by Buildir	g Owner (8)		ASCN	No.				atement Con row Indust						
Street Address	************					Street 144	Addre		- Nacion					
City, State, Zip Code								Zip Code 1,NJ,07501						
Project Manager for Monitoring Firm			Telepho	ne No.		Telepl	hone I			License 1183	No.			
Start Date (10)	Schedule 04-23-		npletion I	Date (11)		Name	of OS	SHA Monitor	ries In		-			
03-13-14 Occupancy Status During Abatement (CI	100000000000000000000000000000000000000	1 87				Street			1165 111	···				
Facility Closed/Vacated During Entition Abatement Performed Outside of No.	e Period of A	batem				144	Mill							-4
Other – Describe:	officer in a county		*		_			1,NJ,07501		Ti.				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emolit				¥	M G	ull Containme lini-Enclosure llovebag Prod on-Exempted	e edure	J			re	
	Is	Locati	on		199			1		**************************************			emen ype	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormal d Sole ntenar odial S (12)	ly by nce/		tos Con therma surfa	scription taining I I system icing, VA miscella	Materi is insu AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No X	N/A			TSI			4	0 Lf	×	+	+	-
Dasenieni							-			<u> </u>				
					×									
Name of Registered Waste Hauler		- N	JDEP W	/aste		Yards		Name of	Register	red Lan	dfill			
Atlantic Carting			lauler ID 6085	No.	of Wa			G.R.O.					242	
City, State WAyne,NJ					Dispo TBD	sal Date	9	City, Stat Morrisv	e ⁄ille.PA					
Completed by Goran J. Igev	Title Secre	etary			,	Signatur	e /	1/1/			Date 03-03	3-14		

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)

No Check			(Purs	uant to	NJAC	3:60 and 12:120	·)	(d.				
Date of Notification (1)					of Building am Harg	g Owner/Operator	(2)	. W.	AR 1	3	2014	
Agencies Notified	Type Notification		\dashv		Address	giove				_		=
T EPA	Initial				State St	reet						_
DEP	Amended		ŀ		tate, Zip (1	14375	
☑ DOL	Amendment a	#_ including	-	Camo	den, NJ	08105				2		_
DOH	justification)		Γ		of Conf		-	Telephone Nu	ımber	_		
☐ DCA	Cancellaudii				m Hargi		<u> </u>			-	_	-
				FAC	ILITY INF	ORMATION	(F. 11)	-70				
Name of Facility When Residence	e Abatement is Takir	ng Place	(3)				Type of Facility School (K-1					
Street Address			_				Subchapter	8 (Other than K	(-12)			
721 Walnut St							Other (i.e., homes, etc	private 8 comme	rcial buil	dings	1	
City (s)							Square Feet	# of Floors		ldg.	38000	
Camden							900	2		5 yrs	3	
County (6)		259		Cour	nty Code(ONLY)	7) (STATE	Residence	rior if being dem	iolished)			
Camden	III II B III	^	=,		_	Name of Abates	ment Contractor (9)		_		=
Name of Monitoring Fi	rm Hired by Building	Owner		ASCM I	NO.	AEi2, LLC	ment Contractor (-1				
Street Address						Street Address						_
Street Address						300 S. Lenola	a Road					
City, State, Zip Code						City, State, Z						
						Maple Shade	, NJ 08052					_
Project Manager for	Monitoring Firm		Tele	phone	No.	Telephone No. 609-481-21	22	License No. 00689	•			
				for Do	4- (11)	Name of OSHA				_		=
Start Date (10) 3/11/14		eduled Co 6/14	ompie	tion Da	te (11)	AEi2, LLC	Monto					
Occupancy Status Du			one)	-		Street Address	S					
Facility Closed/Vac	cated During Entire	Period of	f Abat	ement		300 S. Leno						
	ned Outside of Norm	al Facility	y Hou	rs		City, State, Zip Maple Shad	Code		1000			
Other - Describe:										_		
Scope of Work (Check	k all that apply)					==	ontainment with I	Negative Pressu	re			
≥3 sf or ≥3 lf		Re	novat	ion		=	nclosure pag Procedure					
∑≥160 sf or ≥260 lf		X	monte				xempted (*) and I	Non-Friable Proc	edure			
		ls L	ocati	on							ement pe	t
Location	on of		ormally Sole			Description			-	Т.	E	E
Asbestos-Containing	g Material (ACM)		tenar Istodia			stos Containing Ma , thermal systems		Amount (Specify	R	R	n c	E n c
TO BE AB		5	Staff?		(surfacing, VAT	Γ, or	SF or LF)	m o	Pa	a P s	0
(13))		(12)			other miscellane	eous)		v a	i	u 1	s u r
		Yes	No	N/A					1	L	t	·
Siding						e siding		1250 SF	_ X		c	
		_								\perp		
									_	_	_	
Name of Registered V	Vaste Hauler		1000	JDEP I		Cubic Yards of Waste	1	gistered Landfill				
AEi2, LLC				21376	J 110.	4	TBD					
City, State			-			TBD	City, State	1				
Maple Shade, NJ	7-	itle				Signature	7 100	T Date	e	_		
Completed By Wm. Minnick	100	_{tte} Progran	n Mo	r.		1/1/2	mmi					
WIII. WIIIIIICK		- 1061 mil	3							_		-

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

(hock # 3044		(Pu	rsuant t	to NJAC 8	3:60 and	12:120	0)								7		
Date of Notification (1) 3/12/14		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office										F,					
Agencies Notified Type Notification	ed Type Notification					Street Address EA McMillan Building								, ,			
EPA Initial Amended Amendment #	City, State, Zip Code Princeton, NJ 08544								<u> </u>	_20	14						
□ Emergency (ir justification) □ DCA □ Cancellation		Name of Contact Bob Ortego					Telephone Number										
	FACILITY INFORMATION					(°											
Name of Facility Where Abatement is Taking Place (3) Residence							Тур	e of Facility (4 School (K-1)	1.5%								
Street Address 44 Hartley Avenue								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Princeton								Square Feet # of Floors Bldg. Age 1600 2 59						ge			
County (6) Mercer	County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Unoccupied Residence												
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. ASCM No.							Name of Abatement Contractor (9) ecoservices, LĹC										
Street Address 515 Grove Street, Suite 1B							Street Address 407 West Lincoln Highway, Suite 500										
City, State, Zip Code Haddon Heights, NJ 08035							City, State, Zip Code Exton, PA 19341										
Project Manager for Monitoring Firm Telephone No. R. Alan Lloyd 856-547-0505							Telephone No. License No. 484-872-8884 01161										
	Scheduled Completion Date (11)						Name of OSHA Monitor EMSL										
ACCIDENCE CONTROL CONT								ess									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Hours - 8 am - 4:30 pm							200 U.S. 130 North City, State, Zip Code Cinnaminson, NJ 08077										
Scope of Work (Check All That Apply)						Cirili	iaiiii	113011, 140	70077		-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Is	Is Location									T		Abatement				
Location of	N	ormall	у		Des	scription	n of				Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	ntenar odial S (12)	Asbestos Co (i.e. therm sur other			aining N	Materi ns insu AT, or	erial (ACM) isulation, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A									2000					
See attached supplemental sheet			ļ			-											
											+	_					
							1				+						
AND THE STATE OF A DESCRIPTION FANDS OF A PROPERTY OF A STATE OF A PROPERTY OF A DESCRIPTION OF A DESCRIPTIO				laste	e Cubic Yards			Name of Registered Landfill									
waste Management of New Jersey				No. of Waste 40				GROW									
City, State Trenton, NJ						Disposal Date City, Si TBD Morris				A							
Completed by Jack Bally	Title Sr. Pr	Sr. Project Manager						Signature Jack Bally W				Date 3/12/14					