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

Date of Notification (1)
March 24, 2014

Name of Building Owner/Operator (2)
Bridgewater Site

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

Type Notification
- Initial
- Amended
- Amendment #
- Emergency (including justification)
- Cancellation

Street Address
10 Finderne Avenue
City, State, Zip Code
Bridgewater, NJ 08807

Name of Contact
Project Manager

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bridgewater 7
Street Address
10 Finderne Avenue
City (5)
Bridgewater, NJ 08807

County (6)
SOMERSET
Count Code (7) (STATE USE ONLY)
SO

Name of Monitoring Firm Hired by Building Owner (8)
AET
ASCN No.
0021

Name of Abatement Contractor (9)
The MACK Group, LLC

Street Address
907 Doolittle Drive
City, State, Zip Code
Bridgewater, NJ 08807

Telephone No.
Eric Houseknecht
(908) 218-1108

Telephone No.
(973) 759 - 5000

License No.
00781

Name of OSHA Monitor
The MACK Group, LLC.

Occupancy Status During Abatement (Check Only One)
- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours
- Other - Describe:

Scope of Work (Check All That Apply)
- ≥ 3 sf or ≥3 If
- ≥160 sf or ≥260 If
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

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

<table>
<thead>
<tr>
<th>Bid 7 Rms 7113-7119</th>
<th>metal pan ceiling</th>
<th>1,200 s/f</th>
</tr>
</thead>
<tbody>
<tr>
<td>- &quot;</td>
<td>1x2 transite wall panels</td>
<td>240 l/f</td>
</tr>
<tr>
<td>- &quot;</td>
<td>pipe insulation</td>
<td>120 l/f</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler
Newark Carting / Freehold / Rovic Disposal
City, State
Newark / Freehold / Riverdale, NJ

Cubic Yards of Waste
4509

Name of Registered Landfill
Cumberland County Landfill
City, State
Newburg, PA

Disposal Date
4/5/15

Completed by
Mike Cooper
Title
President
Date
3/24/14

* 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)

Date of Notification (1)
MAR 26 2014

Name of Building Owner/Operator (2)
JOHN CECIRE

Type of Facility (4)

JOHN CECIRE

Agency Notified
EPA
DEP
DOL
DOH
DCA

Type Notification
Initial
Amended
Emergency
Canoealation

Name of Contact
JOHN CECIRE

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
JOHN CECIRE

Street Address
73 VALLEY ROAD

Type of Abatement Contractor (9)
D & S RESTORATION, INC.

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Monitoring Firm Hired by Bidg. Owner (8)
ASCM No.

License Number
01169

Street Address
73 VALLEY ROAD

Telephone Number
973-345-8020

City (5)
MONTCLAIR

County (6)
ESSEX

County Code (7)

Current Use (Prior to being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Square Foot # of Floors

Start Date (10)
04/01/14

Other-Describe:
NOMAL HOURS

Facility closed/vacated during entire period of abatement.

Description of asbestos-containing material (ACM)
BOILER INSULATION

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

Yes
BOILER INSULATION

Location normally used solely by maintenance/custodial staff (12)

No

Location normally used solely by maintenance/custodial staff (12)

N/A

Amount (Specify SF or LF)
42 SQ FT

Full Containment/ Negative Pressure

Mini-Enclosed

Gloves Bag Procedure

Non-Exempted (*) and Non-Friable Procedure

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

YES

Registered Waste Hauler
D & S RESTORATION, INC.

 NUDEP Hauler ID #
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
04/02/14

Name of Registered Landfill
TULLYTOWN, PA

Date
03/19/14

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

* 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)  

Date of Notification (1): MAR 26 2014  
Name of Building Owner/Operator (2): ROSEMARIE FERDINAND  
Type Notification: Initial (x)  
Agency Notified: DOL (x)  
Street Address: 37 OAK GROVE ROAD  
City, State, Zip Code: CALDWELL, NJ 07006  
Name of Contact: ROSEMARIE FERDINAND  
Telephone Number:  

FACILITY INFORMATION  
Name of facility where abatement is taking place (3): ROSEMARIE FERDINAND  
Street Address: 37 OAK GROVE ROAD  
City (5): CALDWELL  
County (6): ESSEX  
County Code (7):  

Name of Abatement Contractor (9): D & S RESTORATION, INC.  
Street Address: 20 California Ave.  
City, State, Zip Code: Paterson, NJ 07503  
Telephone Number: 973-345-8020  
License Number: 01169  

Scope of Work (check all that apply):  
- >2 sf or >2 #  
- ≥160 sf or ≥260 #  
- Renovation (x)  
- Demolition  

Location of asbestos-containing material (acm) to be abated in facility (13):  
- BASEMENT  
  - Description: PIPE INSULATION  
  - Location normally used solely by maintenance/custodial staff (12): Yes  
  - Amount (Specify SF or LF): 123 L FT  
- BASEMENT WATER TANK  
  - Description: BARE HEATING PIPES  
  - Location normally used solely by maintenance/custodial staff (12): No  
  - Amount (Specify SF or LF): 30 L FT  

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: 04/04/14  

Completed by (Print or Type): BOGDAN JOLDZIC  
Title: PRESIDENT  
Signature: Date: 03/20/2014
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
10/13/11

Agencies Notified:
- DOL

Type Notification
- Initial

Name of Building Owner/Operator (2)
MILDRED MIKA

Street Address
51 Grand Avenue

City, State, Zip Code
Atlantic Highlands, NJ

Name of Contact
MILDRED MIKA

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MILDRED MIKA

Street Address
51 Grand Avenue

City (5) City Name
Atlantic Highlands

County (6) County Name
Monmouth

County Code (?) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Type of Facility (4)
- 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)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

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)
03/31/14

Sched. Completion Date (11)
04/10/14

Occupy Status During Abatement (Check only one)
- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours.
- Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
- Renovation

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

Location normally used solely by maintenance/custodial staff (12)

No

Description of asbestos-containing material (ACM)
BOILER INSULATION

Amount (Specify SF or LF)
40 SQ FT

Removal

Repair

Encap

Enc.

Enc.

Enc.

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
Paterson, NJ 07503

Disposal Date
08

Completed by (Print or Type)
BOGDAN JOLDZIC
Title
PRESIDENT
Signature

Date
03/19/14

*Do not use this form for asbestos licesnse exempted activities.*
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

**FACILITY INFORMATION**

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Street Address</th>
<th>Mailing Address</th>
<th>Name of Contact</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/11/2014</td>
<td>KAREN POMA</td>
<td>33 WAGNER PLACE</td>
<td>HAWTHORNE, NJ 07506</td>
<td>KAREN POMA</td>
<td></td>
</tr>
</tbody>
</table>

**Name of facility where abatement is taking place (3)**

KAREN POMA

33 WAGNER PLACE

**Local Authority/Agency Responsible for Inspection (4)**

D & S RESTORATION, INC.

20 California Ave.

PATERSON, NJ 07503

**Name of Abatement Contractor (9)**

D & S Restoration, Inc.

20 California Avenue

PATERSON, NJ 07503

**Type of Location (5)**

School (K - 12)

Subchapter 8 (Other than K-12)

Other (Private/Commercial
Bldgs./Homes, etc.)

**Square Feet**

**# of Floors**

**Bldg. Age**

**Name of Monitoring Firm**

D & S Restoration, Inc.

20 California Ave.

PATERSON, NJ 07503

**Name of Person Responsible for Monitoring (6)**

D & S Restoration, Inc.

20 California Ave.

PATERSON, NJ 07503

**License Number**

00169

**Start Date**

04/05/14

**Completion Date**

04/24/14

**Name of Owner**

KAREN POMA

33 WAGNER PLACE

**Name of Contractor**

D & S Restoration, Inc.

20 California Ave.

PATERSON, NJ 07503

**ASCM No.**

**Telephone Number**

973-345-8020

**License No.**

00169

**Name of OSHA Monitor**

D & S Restoration, Inc.

20 California Ave.

PATERSON, NJ 07503

**Project Manager for Monitoring Firm**

D & S Restoration, Inc.

20 California Ave.

PATERSON, NJ 07503

**Phone Number**

973-345-8020

**Extinguished (Prior to being demolished)**

**Facility closed/abandoned during entire period of abatement.**

**Facility occupied during entire period of abatement.**

**Other Describe: NORMAL HOURS**

Full Containment w/negative pressure

Mini-enclosure

Glovebag procedure

Non-Exempted (*) and Non-Friable procedure

**Location of asbestos-containing material (acm) to be abated in facility (13)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>H</th>
<th>R</th>
<th>E</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>20 LF</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASEMENT</td>
<td>No</td>
<td>BARE HEATING PIPES</td>
<td>82 LF</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Registered Waste Hauler**

D & S RESTORATION, INC.

13506

**Cubic Yards of Waste**

1 yard

**Name of Registered Landfill**

TULLYTOWN, RESOURCE RECOVERY

PATERSON, NJ 07503

**Disposal Date**

04/06/14

**City, State**

TULLYTOWN, PA

**Title**

PRESIDENT

**Date**

03/21/14

**Completed by (Print or Type)**

BOGDAN JOLDZIC

**Signature**


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*Do not use this form for asbestos licensure exempted activities.*
Date of Notification (1): March 24, 2014

Name of Building Owner/Operator (2): IMTT - Bayonne

Name of Facility Where Abatement is Taking Place (3): IMTT - Bayonne

Street Address: 250 East 22nd Street

City, State, Zip Code: Bayonne, New Jersey 07002

County (6): Hudson

County Code (7): [STATE USE ONLY] ________

Type of Facility (4): School (K-12)

EPA

dep

DOL

DOH

DCA

Initial

Amended

Amendment #002

Emergency (Including justification)

Cancellation

Name of Facility Manager (5): Aubrey Hotard

Name of Abatement Contractor (9): Insulations, Inc.

Street Address: 1101 Edwards Avenue

City, State, Zip Code: Fair Lawn, New Jersey 07410

Telephone No.: 973-636-9145

Telephone No.: 504-733-5033

License No.: 01120

Name of OSHA Monitor: EnviroVision Consultants, Inc.

Start Date (10): 03/26/2014

Scheduled Completion Date (11): 03/27/2014

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: area unoccupied

Scope of Work (Check All That Apply)

≥30 sf or ≥3 if

≥160 sf or ≥260 sf if

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Gluebag Procedure

Non-Exempted (*) and Non-Friable Procedure

Yard 4

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes

No

N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAC, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal

Repair

Containment

Endorse

Name of Registered Waste Hauler: IESI

Freehold Cartage: NJDEP Waste Hauler ID No. S-2265

Cubic Yards of Waste: 7 cy

Disposal Date: 03/31/2014

City, State: Bethlehem, PA

Completed by: Aubrey Hotard

Title: Corporate Safety Director

Signature:

Date: 03/24/2014

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