CK002190

Nov 13 2014 08:32am

State of NJ

D&S Proj. #: 2014-469				ion of Asb t to NJAC			極門	5电山				
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City, State			Disposal I			City, State	AT TOA					
PATERSON, NJ 07503	Towns 1		11/15/	Signature		TULLYTOW	N, PA	Date			NAME OF TAXABLE PARTY.	4000
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signatute				11/12/	2014	4		

\* 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) D&S Proj. #: 2014-469 Name of Building Owner/Operator (2) Date of Notification (1) 1 9 2014 1 11 / 1 12 1/ 1 14 1 KEITH REYNOLDS Agencies Notified Type Notification Street Address Initial EPA ASBESTOS CONTROL 17 ADAMS AVENUE Amended DEP City, State, Zip Code Amendment #: DOL Emergency CRANFORD, NJ 07016 (including Telephone Number DOH Name of Contact justification) ☐ DCA KEITH REYNOLDS Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) KEITH REYNOLDS Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age 17 ADAMS AVENUE County Code (7) County (6) (State use only) Current Use (Prior if being demolished) CRANFORD, NJ 07016 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 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 11/14/14 11/28/14 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/negative 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 (\*) and Non-friable procedure Is location normally used solely E Location of е e by maintenance/custodial n Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 a a abated in facility (13) V Yes No N/A e 195 L FT  $\boxtimes$ PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 12 YDS

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

Signature

Disposal Date

11/15/14

City, State

ASB-41

PATERSON, NJ 07503

Title

PRESIDENT

Completed by (Print or Type)

**BOGDAN JOLDZIC** 

City, State

TULLYTOWN, PA

11/12/2014

11/13/14

Completed by (Print or Type)

PRESIDENT

Do not use this form for asbestos libensure exempted activities.

BOODAN JOLDZIC

ARP-41

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2014-4	70		(Pursuai	nt to NJAC	8:60	and 12:120)		ME	CE		$\mathbb{V}$		M
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City (5)	000	inty (O)				e use only)	-	Current Use (Pri	or if being	demo	olishe	d)	
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City, State, Zip Code						Paterson, NJ		3					
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BOGDAN JOLDZIC		IDENT	for achoet	os licensure e	xemnte	ed activities			11/13	714			
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page 2 PAGE 82/84 D&S RESTORATIO 11/13/2014 12:46PM 9733458060 State of NJ DOL - 10 DAY Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) DAS Proj. 8: 2014-471 Varne of Building Owner/Operator (2) Date of Notification (1) 111/13/14 KATHRYN POLUCCI Type Notification Agancles Notified Street Address WAIVER APPROVED Initial EPA 645 SHERWOOD ROAD Amended DEP City, State, Zip Code Amendment #: DOL DOL HO-HO-KUS, NJ 07423 Emamenov . Telephone Number (Including Name of Contact DOH KATHRYN POLUCCI OCA Cancalletion FACILITY INFORMATION Type of Facility (4) Name of facility where abstement is taking place (8) | School (K - 12) Subchapter 8 (Other than K-12) KATHRYN POLUCCI Other (Private/Commercial Bidgs./Homes, ad. X Street Address Blog. Age # of Floor .Bquare Feet 645 SHERWOOD ROAD County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) BERGEN HO-HO-KUS Name of Abstement Contractor (8) ASCM NO. Name of Monitoring Firm Hired by Blog. Owner (6) D & S RESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Frm 01169 973-345-8020 Name of OSHA Monitor Schad, Completion Date (11) D & S Restoration, Inc. Start Date (10) Street Address 12/04/14 11/18/14 20 California Avenue Decupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/veceted during entire period of abetement. Abetement performed outside of normal facility hours-Paterson, NJ 07503 Describe:\_ Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure So Renovation Olovabag propedure
Non-Exempted (\*) and Non-frieble procedure 25 to 55 t Demolition ≥180 af or ≥250 W E is location normally used solely 8 Amount n Location of by maintenance/ouetodial (Specify SF or LF) Entiristing of asheates-containing G asbestos-containing 0 0 staff(12) 0 material (som) to be absted in facility (13) material (ACM) D NA Yes No XIL 82 LFT PIPE INSULATION BASEMENT 

Name of Registered Landfill Cubic Yards of Wests NJDEP Hauler ID TULLYTOWN, RESOURCE RECOVERY Registered Waste Haute 1 yd D& S RESTORATION, INC Disposal Date City, State TULLYTOWN, PA 11/18/14 PATERSON, NJ 07503 Signature 11/13/2014 Completed by (Print or Type) Title

Do not use this form for aspestos licensure exempled activities.

PRESIDENT

AGR-44

BOODAN JOLDZIC

State of NJ
Notification of Asbestos Abatement

D&S Proj. #: 2014-471	_			nt to NJAC		and 12:120)	Manife way reflects and an annual	DEC	E I	<u> </u>	E	T	
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justification)  DCA  Cancellation		KATHR	YN POLU	JCCI						<u></u>			
			FACIL	LITY INFORMA	ATION								
Name of facility where abatement is	taking place	e (3)		***************************************			Ту	pe of Facility (4)	K - 12)				
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Street Address						Street Address	- 2		NCS.				
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Project Manager for Monitoring Firm		Pho	one Numbe	er		973-345-80				1169	OI .		
						Name of OSHA							
Start Date (10)	Sched.	Completio	n Date (11	)		D & S Resto		Inc.					
11/18/14	12/04	/14				Street Address							
Occupancy Status During Abatemen	t (Check or	ly one)	-			20 California	Avenu	ie					
Facility closed/vacated during Abatement performed outside						City, State, Zip C	ode						
Describe: NORMAL H	OURS				_	Paterson, N.	07503	3					
Scope of Work (check all that apply							Full	Containment w/r	negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	1						i-enclosure					
≥160 sf or ≥260 lf	Demolition							vebag procedure n-Exempted (*) a		friable	proce	edure	
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PATERSON, NJ 07503			11/18/1			TULLYTO	WN, PA	A		-			
Completed by (Print or Type)	Title	ENT		Signature		30			Date 11/13/	201/	ı		
BOGDAN JOLDZIC  ASB-41	PRESID Do not us		for asbest	os licensure ex	kempte	ed activities.			11/13/	JU1-			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				(=			<i>*</i>					111
Date of Notification (1)					Name of Build	ling Own	er/Operator (2)	T III N	0V 1	9 2	014	
11/17/2014					W. David &	Diana G	oldstein					
Agencies Notified	Type Notifica	tion			Street Addres	s .						$\Box$
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☐ DEP	X Amende	ed Amen	dment	#	City, State, Zi	p Code			LIULI	OHA		
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□ DOH	justifica	Contract Sections			Name of Cont				Teleph	one	Numbe	er
DCA	Cancell				DAVID J. D'	ANDRE	A					1
DOIL				F	ACILITY INF			<del>-  </del>			- 1	
Name of Facility Where	e Abatement is Ta	aking Pla	ace (3)	-			- 100	Type of Facility (4)				
PRIVATE RESIDEN			, ,				90	School (K-12)				
Street Address	CE			~				Subchapter 8 (Otl	ner than	K-12)		
23 Dunbar Drive								Other (i.e., private	& comn	nercia	al build	lings)
City (5)								Square Feet	# of FI	oors	Bldg.	Age
West Windsor, NJ 0	8550											
County	8330				County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if b	eing den	nolish	ed)	
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1 A ST. LAWRENCE	E AMENITIE		2				CK FOREST R	OAD				
I A ST. LAWRENCE	EAVENUE						ate, Zip Code	OHD I				
CEACIDE HEICHT	NI 00761				-67-1		TON, NJ 0869	1				
SEASIDE HEIGHTS Project Manager for M		Telenh	one N	0		Telepho		<b>`</b>	Licens	se No		_
	ormorning i min	Telephone No. 732-664-7788			609-890			00676	5			
ROD MORRIS Start Date (10)					ion Date (11)		f OSHA Monitor	1	100070			
		11/21/		Ompice	ion bate (11)	N/A	, 00, 5, 1,1,0,1,1,0,					
11/19/2014 Qccupancy Status Du	ring Abatement (	Co. 15177 100 1000		1		Street A	ddress					
Facility Closed/V					ent	0						
Abatement performe					,	City Sta	ate, Zip Code					
ESSENTIAL PERSO		ing nours	5 JI IVI-	Z Mivi		Oity, Oit	210, 210 0000					
						la constant		Full Containment	with Ne	ative	Press	sure
Scope of Work (Check	K all that apply)				Renova	tion		Mini-Enclosure	1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•		
≥ 3 sf or ≥ 3 lf	VIE				Demolit			Glovebag Proced	dure			
\(\hat{\text{\tint{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\tiliex{\text{\te}\tilex{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\ti}\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\text{\texi}\text{\text{\texi	) II				Demon	.011		☐ Non-Exempted (		Friab	le Pro	cedur
		lo	Locati	ion	Т			T	Abate			
		1	mally l		Description	n of Asbe	stos Containing					_
Location of Asbes		1000000	Solely I		Material (A	CM) (i.e.	thermal systems	Amount (Specify SF	or B	Z.	Encapsulate	Enclosure
Material (ACM) TO Facility				/Custo			g, VAT, or other	LF)	Remova	Repair	psu	losu
1 dointy	(.0)	Yes	Staff?	(12) N/A	- '	miscellan	eous)		a l	=	late	Гe
m 1 1 1		163	X	IVA	achactae des	avell ioi	nt compound	200 YDS	X		-	
Throughout home		-	_	-	asuesius di y	wan jon	it compound	200 120	1			
		-		-	-							
			- 2	-				+		_	1 1	
Nome of Desistant 11	Mosto Haules	J		1	NJDEP Waste		Cubic Yards of	Name of Registered	Landfill			
Name of Registered V	vasie naulei				Hauler ID No.		Waste		(april 1985)			
CARNEVALE DISF	OSAL CO., INC	C.	ĕ	E	17297		200 YDS	GROWS				
City, State							Disposal Date	City, State			-	
	2601						11/24/2014	MORRISVILLE, P	A			
HAMILTON, NJ 08	1500	Title				Signate	ry27-Mar/	0.4	Date			
Completed By		4	יאינותוני	Tr.		1//	wil	1 Pales	11/17	7/201	4	
DAVID D'ANDREA	-	PRES	SIDEN	1		THE	1.	With the same	122/2/	01	-	

<sup>\*</sup> 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)

Date of Notification (1)					Name (	of Building	Owner/Operator (2	2)	51				$\Box$
11/	18 /	14	-		Holt	ec Intern	ational		IIII NOV	19	2014		1
Agencies Notified	Type Notifica	ation		-	Street	Address							
⊠ EPA					1 Ho	oltec Driv	'e	and the second	ASSESTOR	2000		است	
□ DOLWD	☐ Amended			ı	City, St	ate, Zip C	ode		ASSESTED	NSIN	9 G	1. ~	
⊠ DOH	Amendme				Mar	ton NJ 0	8053	L					
□ DCA     (NJAC 5:23-8)	☐ Emergene justification		uaing	1	Name	of Contact		-	Telephone Numb	er			
(140/10 0.20-0)	☐ Cancellat				Matt	Mockait	is		* 1				
	L				ΕΛC	III V IN	FORMATION		1				
Name of Facility Where	Abatament is T	Taking	Place	(3)	FAC	ILII I IIV	FORWATION	Type of Facility (	(4)				
Holtec Warehouse		550		(0)			7)	School (K-12	100				
Street Address	- Dunuings	G Gr				-11	. expression and the second and the	☐ Subchapter 8	(Other than K-12)				
2500 Broadway								Other (i.e., pr homes, etc.)	rivate and commer	cial bui	lding	S,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	ie.	-
Camden							W	25,000	1 Floor	15.57055	0+		
County (6)		-			Cour	ty Code (7)	(STATE USE ONLY)		ior if being demolis				
Camden					Codii	ty Code (1)	(STATE OSE ONET)	Warehouse	7.50	neu)			
Name of Monitoring Firm	Hired by Build	ding Ov	wner (	8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Hatch Mott MacDo	nald				0014	0	Controlled E	nvironmental S	Systems				
Street Address							Street Address						
111 Wood Avenue	South				_		1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code Iselin, NJ 08830							City, State, Zip Co Spring House				*		
Project Manager for Mor	itoring Firm	_		Tolo	phone I	No	Telephone No.		License No.				-
Brian Holbig	morning i min			100000000000000000000000000000000000000	6 448		215 542 7000		00847				
Start Date (10)		Schedu	led Co				Name of OSHA M						
				150	/ _	70 12	CES						
Occupancy Status Durin	g Abatement (	Check	only o	ne)	- 3		Street Address						
□ Facility Closed/Vacat							1121 N. Beth	lehem Pike - S	uite 60				
☐ Abatement Performe						cribe	City, State, Zip Co	ode					
Time of Abatement:	7:00AM-5:00	PM/	PN	I	_AM		Spring House	e, PA 19477					
Scope of Work (Check a	Il that apply)		-										
☐ >3 sf or >3 lf			□ Re	novati	on		☐ Full Con	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf			- 100	molitic				g Procedure					
							⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
				Locat Norma						Aba	atem	ent T	уре
Location Asbestos-Containing	The state of the s	W)		d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Repair	Enc	En
TO BE AB		",		intena			., thermal systems		(Specify	Removal	pair	ap	Enclosure
IN Facil	lity		Cust	todial ( (12)	statt?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No	N/A		other miscellane	ous)				ē	
Bldg Q Interior Grou	ind Floor				$\boxtimes$	1 x1 Til	e and Mastic		144 SF				
Bldg Q Exterior						Roofing	g Materials		23,650 SF				
Bldg Q Exterior						Roof FI	ashing		12,000 LF				
SEE NEXT PAGE						SEE NE	XT PAGE						
Name of Registered Wa	ste Hauler			12.0	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Waste Managemer	nt of New Je	rsey			17273		Waste 3000+	GROWS					
City, State							Disposal Date ·	City, State					
Fairless Hills, PA							Thru out	Tullytown	, PA			٠	
Completed By (Print or 1	Гуре)	Title					Signature	. 11	D	ate ,			
Patricia Visco		Of	fice l	Mana	ger		Ant	ALGERALLI	ocor	16/1	2 /	14	
ASB-41						31 (201)	- JACC	Com Car	- 4		1		-
JAN 13		* E	o not	use th	is form	for asbest	tos licensure exem	pted activities.					

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

Date of Notification (1) 11/16/1	4				of Building Picardy	Owner/Operato	or (2)	.		and the same of			
Agencies Notified	Type Notification		$\forall$		Address arbieri (	Court			ASSEST LIC	S UU ENSII	VG	OF	×
DEP DOL	Amended Amendment #		-	City, St	ate, Zip C	ode							
DOH DCA	Emergency (in justification) Cancellation	Icidaling			of Cont Picardy	act			Telephone Numb	er			
				FAC	ILITY INF	ORMATION							
Name of Facility Where A Residence	batement is Takin	g Place (	(3)					School (K-12	5.05	")			
Street Address 201 Hun Road							-   "	Other (i.e., pi	rivate 8 commercia	al build	320110-3214		
City (s)								Square Feet 1100	# of Floors	1000000	dg. A yrs	ge	
Princeton, NJ 08540				0	tu Codol	7) (STATE	- 1 -		or if being demolis	-	yıs		$\dashv$
County (6) Mercer				USE	ONLY)		F	Residence					=
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCM N	No.	AEi2, LLC		nt Contractor (9)	1				
Street Address						Street Addres 300 S. Lenc		toad					
City, State, Zip Code					100	City, State, Maple Shad							
Project Manager for M	onitoring Firm	T	Tele	phone I	Vo.	Telephone No			License No. 00689				
Start Date (10)	T Sche	eduled Co	mple	tion Dat	te (11)	Name of OSH		onitor					=
11/26/14		0/14				AEi2, LLC							_
Occupancy Status Durin	g Abatement (Che	ck only	one)			Street Addre		and					
Facility Closed/Vacat	ed During Entire I Outside of Norma	eriod of al Facility	Hou	ement		City, State, Zit	o Co	de					=
Other - Describe:						Maple Sha	de,	NJ 08052					=
Scope of Work (Check a	ll that apply)	Rei	novati molitic	on n		Mini-	Enclo	osure Procedure	egative Pressure	ure			
		10000000	ocati			I NON	-Exe	Impled ( ) and is	OII-F Hable F Foce		bate	ment	
Location	of	Used	rmally Solel			Description	n of	W WOODS - 100 2000			I yr	E	Е
Asbestos-Containing N  TO BE ABA IN Facility (13)	Iaterial (ACM) ΓΕ <u>D</u>	Main Cu S	tenar stodia staff? (12)	ice/		tos Containing I , thermal systen surfacing, V other miscella	ns ins AT, c	sulation, or	Amount (Specify SF or LF)	R e m o v a	R e p a i r	псаряні	n c l o s u r
		Yes	No	N/A	Floor 7	Tilos			300 SF	X		t c	
Basement		+		X	Floor	nes	_		300 51	1	$\vdash$		$\vdash$
		+		-			_			$\top$	$\vdash$		
		+		-							1		
Name of Registered Wa	ste Hauler	لــــــــــــــــــــــــــــــــــــــ		NJDEP '	Waste	Cubic Yards		Name of Reg	istered Landfill				
AEi2, LLC				Hauler II 21376	O No.	of Waste		TBD	6/				
City, State Maple Shade, NJ			_1_	13/0		TBD	e	City, State TBD	1		-2018		
Completed By	Ti-	tle		-		Signatur	e	// 20-	Date	/1.4			
Wm. Minnick		Progran	n Mg	ŗ.		4/	1	11711	11/16	14			

& Encodered 4

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

X - C.	)									17	E				
Date of Notification (1) 11/17/14					Building O Bassand				İ		15	6 E		V	F.
Agencies Notified	Type Notification		- 1	reet Add 725 W	dress . Centra	ıl Ave	∍.	8	- [4	Hj	No	V 1	١		ارَ
EPA DEP DOL	Initial Amended Amendment	<b>#</b>			e, Zip Cod e Height		08751			L			4	714	10
DOH DCA	Emergency (i justification) Cancellation	ncluding	Na	ame of 0				- 12		Tele	phone I	lumber	TR	OL &	
				FACIL	ITY INFO	RMAT	ION						$\leq$		
Name of Facility Where a Jeffery Bassano Pr		Place (3)	33301.2		77			_	f Facility (4) chool (K-12						
Street Address , 1725 W. Central Av	ve.			19				× O	ubchapter 8 ther (i.e. pri tc.)				lding	s, home	es,
City (5) Seaside Heights No	J 08751	•						Square 1000-	Feet	# of 2	Floors		Bldg 35+	Age	
County (6) Ocean				ounty C	ode (7) SE ONLY)			Curren	t Use (Prior	if beir	g demo	lished)			
Name of Monitoring Firm	n Hired by Building (	Owner (8)	1	ASCM	No.			of Abate	ement Conti	ractor	(9)	104.7			
Street Address		1					Street	Address Box 32	3				-		
City, State, Zip Code							City, S	State, Zip		91				-	
Project Manager for Mor	nitoring Firm		T	elephon	e No.		Telepi	none No 753-98			License 00727				
Start Date (10) 11/18/14		Scheduled		oletion D	ate (11)				A Monitor						•
Occupancy Status Durin	a Abatament (Chec						Street	Address	2	-				A PARTY	
Facility Closed/Vac	cated During Entire Fined Outside of Norm	Period of Ab	ateme	ent	1	_		State, Zip							
Scope of Work (Check A	All That Apply)														2811 Dec
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nii That Apply)	200	novatio molitio					Mini Glov	Containment Enclosure Webag Procentes	edure	3500			lure	
		T		T					Lacinplou	( ) and		1		atemen	t
			ocation						- 1					Туре	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	Solely tenand	by ce/	Asbest (i.e.	os Co therm surf	escription ntaining I al system facing, V/ miscella	Material is insulat AT, or	(ACM) tion,	(5	mount specify or LF)	Nellioval	, volum	Encapsulate	Enclosure
Futorior	Cidina	+	-			Evd	erior Si	idina		22	00 SF	x	+	+	$\vdash$
Exterior	Siding			Х		CXI	enor Si	ung			00 01	- ^	+	+	$\vdash$
												_	+		$\vdash$
												_	+		
													1		Ŀ
Name of Registered Wa United Containers	aste Hauler		На	IDEP Water ID I 459			ic Yards /aste		Name of F G.R.O.V		ered Lan	шш			
City, State Elm NJ				10			osal Date 21/14	Э	City, State Morrisvi		1906	7			
Completed by Anthony T Perna	ra e	Title Presid	ent				Signatur	e (		_		Date 11/17	7/14		
			-0.5X6V												

6 heck# 11312

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

GAC Project # 2014-465					117	7) IE	. 15.	Un II	77	EIT
Date of Notification (1)  November 1-	4, 2014			Name of Building Owner/O STEVENS INSTITUT		CHNO	LOGY		*** **** *****************************	
Agencies Notified  EPA  DCA	Notification Initial N	Notificatio		CASTLE POINT ON City, State, Zip Code	HUDSON	1 1 1	NOV	19	2014	14
☑ DOL	45.000	ency (inc		HOBOKEN, NJ 0703	0-5991	L		en de la companya de		!
☑ DEP- No Longer REQUIRED	justific	cation)		Name of Contact MR. JOHN LANZA		Telépt	ione N.	المدائدة بالمهر	VIIIVOE	. 0.
⊠ DOH	□ Cance	lled	FACILITY INF		-					
Name of Facility Where Abatement is REED HOUSE	Taking Place (3)		771010111111	Type of Facility (4)  School (K-12)						
Street Address 806 CASTLE POINT TERRA	CE			Subchapter 8 (other than  Other (i.e. private & com Friable Asbestos Flooring	mercial buildi	ngs, hor	nes, etc.	) – NOT	SUB 8,	Non-
City (5) County HOBOKEN H	(6) UDSON	County C (State Us		Sq. Feet: 10,000SF  Current Use (prior if being	# of Flo				20	ears
Name of Monitoring Firm Hired by Blds BRIGGS ASSOCIATES, IN		ASCM No 0004	<u>).</u>	Name of Contractor (9)  GREENWOOD ABAT	EMENT C	ONSU	LTANT	S, INC		
Street Address 3 CROSSWICKS STREET				Street Address 268 MAIN STREET						
City. State, Zip Code BORDENTOWN, NJ 080				City State, ZipCode BUTLER, NJ 07405		-7:				
Project Manager for Monitoring Firm MR. MIKE HOODAK	Telephone 609-298			<u>Telephone Number</u> 973-492-0477		0084	e Numbe	<u> </u>		
Scheduled Start Date (10) 11/26/14	Scheduled 11/30/14	Completion	Date (11)	Name of OSHA Monitor ENVIROVISION, INC.						
Occupancy Status During Abatement  Facility Closed/Vacated During E  Abatement Performed Outside of Describe  Other – Describe: NOT SUB 8 – Flashing	ntire Period of A Normal Facility	Abatement Hours -	poring	20-21 WARGARAW R City, State, Zip Code FAIRLAWN, NJ	ROAD	· ·		t.		
Scope of Work (Check all that apply)				TAINEAUTI, 110						
□≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260					Full Containn Mini-Enclos Glovebag P Non-Exemp	ure rocedur	e			ure
	Location Norma			bestos Containing Material nal systems insulation, surfacir	Amour		Abatem	ent Type	3	
S	olely by Maint./C taff? (12)		VAT, or other mis		or LF)	y Si	Remove	Repair	Encap_E	Enclose
BASEMENT	YES NO	NA	VAT ONLY		100	0 SF	X	T		
								-	1	
					-		-	+		
						3 9 41				
N - (B - W - )	LAUDEDIN		D.#		20.07	Name	of Regis	tered La	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2	See Belov	ste Hauler II W	<u> </u>	Cubic Yards of Waste:	30 CY		D.W.S.			li .
Hauler #1) Greenwood Abatement C NJDEP # 28969 Hauler #2) Newark Carting, Inc., No NJ DEP # 4509			07405		Disposal Da 11/30/201	Co. Don's	1	City, Stat 100 New Rd. Mori 19067 215-736-	Ford M	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR F MANAGE		Ţ.	Signature Reymand C. Pea	lalino	Date	Nov	vembe	r 14, 2	2014

X000310

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NO	(Pursi	ION C	) MONO	:60 and 12		т	DE	, GE	<u> </u>			
			T Na	me of E	Building (	Owner/Oper	ator (2)			NOV 1	9 2014			1
e of Notification (1)			M	ark F	olkart				111	111211				1
1-12-14				eet Ad							-		3	
encies Notified	Type Notifical	tion	1	1 Cra	y Terra	ace			1 1	SBESTUS	CCIVIE	ULa		
	Initial		Ci	ty Sta	te, Zip C	ode				LICE	ISING			-
EPA DEP	Amende	∍d	F	anwo	od, NJ	07023			Telen	hone Number				
DOL	Amendr	ment #_ ency (including		ame of	Contact				-					
	Emerge justifica	ation)	110	Mark	Folkart								$\Box$	
DOH	Cancel	lation		VIAIR	I ITY IN	FORMATIO	N	f F - willish	(4)		THE ROLL THE S			
			2)	FAC	ILIT THE			Type of Facility						
ame of Facility Where	Abatement is	Taking Place (	3)					School (K	(-12) ter 8 (Othe	r than K-12)		-amas	. \	
Mark Folkart								Subchap Other (i.e	private &	r than K-12) commercial bi	uildings, r	1011165	"	
Street Address	2							etc.)		Floors	Bldg. Ag	ge		
11 Cray Terrace								Square Feet	# 01	10013				
									151	- domolished	)			
City (5) Fanwood, NJ		is the species are		0	y Code (	7)		Current Use	Prior it bell	ng demolished	,			
				Count (STAT	E USE OF	VLY)				(0)				
County (6)		12002-120020-2	1		CM No.		Name	of Abatement	Contractor	(a)			54.	
Union Name of Monitoring F	irm Hired by B	suilding Owner	(8)	AS	CIVI INU.		Delf	a Contracti	ng LLC					1
							Stree	t Address						1
N/A							522	7th Street						1
Street Address			15000000				City	State, Zip Cod	е					1
							Un	ion City NJ	07087					1
City, State, Zip Code	j.						Tele	phone No.		License No	Ja			
	Marritoring Fir	m		Tele	phone N	0.	20	1 216-9603		01206				1
Project Manager for	Mountaina					144	Nam	e of OSHA M	onitor	30.				
		Sch	eduled C	omple	tion Date	(11)	De	elfa Contrac	ting LLC				-	-
Start Date (10)			-16-14					et Address		Tatoseka				
11-15-14 Occupancy Status	Abaten	nent (Check Or	nly One)				52	2 7th Stree	t					_
				temen	t			, State, Zip Co						
Facility Closed	i/Vacated Dun	ing Entire Perion ide of Normal F M - 05:00 PM	acility H	ours				nion City N	J 07087					-
Abatement Pe Other – Desc	ribe: 08:00 AN	M - 05:00 PM												
Other - Desc	IDO:	(nnly)						T EULC	ntainment	with Negative	Pressure	A		
	neck All India	(PPI)		novatio	on			Mini-E	nclosure					
Scope of Work (Ch	ioux, iii		I I Ke							Y.				_
Scope of Work (Ch			De De	molitio	n			Glove	pag Proced	ure ) and Non-Fria	able Proc	edure		
Scope of Work (Cl ≥3 sf or ≥3 lf ≥160 sf or ≥2			De	molitio	n			Glovel Non-E	pag Proced exempted (*	lure  ') and Non-Fria	able Proc			
Scope of Work (Ch			De De					Glove Non-E	pag Proced exempted (*	lure  ) and Non-Fria	able Proc	edure Abater Typ		_
Scope of Work (Ch			De ls L	ocatio	in		Descr	Non-E	exempted (*	) and Non-i			oe T	
Scope of Work (CI ≥3 sf or ≥3 lf ≥160 sf or ≥2	e60 lf		Is L	ocatio	in / y by	Asbestos	O-Hair	Non-E	exempted (*	Amount (Specify		Тур	oe T	Elicic
Scope of Work (Ci ≥3 sf or ≥3 lf ≥160 sf or ≥2	ocation of	rial (ACM)	Is L No Used	ocatio ormally Solely	in / y by ice/	(i.e. the	Contair ermal sy	iption of hing Material (Assemble insulation of stems insulation VAT, or	exempted (*	Amount		Тур	oe T	Elicioadi
Scope of Work (Ci ≥3 sf or ≥3 lf ≥160 sf or ≥2	cocation of ntaining Mater	rial (ACM)	Is L No Used	ocatio ormally Solely ntenan	in / y by ice/	(i.e. the	Contair ermal sy	Non-E	exempted (*	Amount (Specify	Removal			Elicioadio
Scope of Work (Ci ≥3 sf or ≥3 lf ≥160 sf or ≥2	cocation of ntaining Mater BE ABATED In Facility	rial (ACM)	Is L No Used	ocatio ormally Solely	y y by ce/ staff?	(i.e. the	Contair ermal sy	iption of hing Material (Assemble insulation of stems insulation VAT, or	exempted (*	Amount (Specify SF or LF)		Тур	oe T	Eliciosaio
Scope of Work (Ci ≥3 sf or ≥3 lf ≥160 sf or ≥2	cocation of ntaining Mater	rial (ACM)	Is L No Used	ocatio ormally Solely ntenan	in / y by ice/	(i.e. the	Contair ermal sy surfacin other mis	iption of hing Material (A stems insulating, VAT, or scellaneous)	exempted (*	Amount (Specify		Тур	oe T	Eliciosaio
Scope of Work (CI  ≥3 sf or ≥3 If ≥160 sf or ≥2  Asbestos-Co	ocation of nationing Mater BE ABATED In Facility (13)	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely ntenan odial S (12)	y y by ce/ staff?	(i.e. the	Contair ermal sy surfacin other mis	iption of hing Material (Assemble insulation of stems insulation VAT, or	exempted (*	Amount (Specify SF or LF)	Removal	Тур	oe T	Eliciosaic
Scope of Work (CI  ≥3 sf or ≥3 If ≥160 sf or ≥2  Asbestos-Co	cocation of ntaining Mater BE ABATED In Facility	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely ntenan odial S (12)	y y by ce/ staff?	(i.e. the	Contair ermal sy surfacin other mis	iption of hing Material (A stems insulating, VAT, or scellaneous)	exempted (*	Amount (Specify SF or LF)	Removal	Тур	oe T	Eliciosuic
Scope of Work (CI  ≥3 sf or ≥3 If ≥160 sf or ≥2  Asbestos-Co	ocation of nationing Mater BE ABATED In Facility (13)	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely ntenan odial S (12)	y y by ce/ staff?	(i.e. the	Contair ermal sy surfacin other mis	iption of hing Material (A stems insulating, VAT, or scellaneous)	exempted (*	Amount (Specify SF or LF)	Removal	Тур	oe T	Enclosure
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Scope of Work (CI  ≥3 sf or ≥3 If ≥160 sf or ≥2  Asbestos-Co	ocation of nationing Mater BE ABATED In Facility (13)	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely ntenan odial S (12)	y y by ce/ staff?	(i.e. the	Contair ermal sy surfacin ther mis	iption of sing Material (A stems insulating, VAT, or scellaneous)	acmpted (*	Amount (Specify SF or LF)  30 SF	Removal	Repair	e Encapsulate	
Scope of Work (CI  ≥3 sf or ≥3 lf ≥160 sf or ≥2  Asbestos-Co  TO	cocation of ntaining Mater BE ABATED In Facility (13)	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely intenan odial S (12) No	y by loce/ loce/ N/A	(i.e. the	Contair ermal sy surfacin ther mis	iption of sing Material (A stems insulating, VAT, or scellaneous)  nsulation	acmpted (*	Amount (Specify SF or LF)  30 SF	Removal	Repair	e Encapsulate	
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Scope of Work (CI  ≥3 sf or ≥3 lf ≥160 sf or ≥2  Asbestos-Co  TO  Name of Regis	Location of Intaining Materials BE ABATED In Facility (13)  Basement	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely intenan odial S (12) No	y by loce/ loce/ N/A	(i.e. the	Contair ermal sy surfacin ther mis  Boiler  Cubic of Was 1	iption of sing Material (Astems insulation)  Non-E	Name of Tullyto	Amount (Specify SF or LF)  30 SF  Registered La	Removal	Repair	e Encapsulate	
Scope of Work (CI  ≥3 sf or ≥3 lf ≥160 sf or ≥2  Asbestos-Co  TO  Name of Regis  Delfa Contr	Location of Intaining Materials BE ABATED In Facility (13)  Basement	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely intenan odial S (12) No	y by cce/ taff?  N/A  NJDEP Hauler II	(i.e. the	Contairermal sy surfacin ther miss soiler to Cubic of Was 1	iption of sing Material (A sistems insulating, VAT, or sicellaneous)  Insulation  Yards  sal Date	Name of Tullyto	Amount (Specify SF or LF)  30 SF  Registered La	Removal x	Repair	e Encapsulate	
Scope of Work (CI  ≥3 sf or ≥3 lf ≥160 sf or ≥2  Asbestos-Co  TO  Name of Regis  Delfa Contr	cocation of nataining Mater BE ABATED In Facility (13)  Basement  Stered Waste Facting LLC	rial (ACM)	Is L . No Used Mair Custo	ocatio ormally I Solely intenan odial S (12) No	y by cce/ taff?  N/A  NJDEP Hauler II	(i.e. the	Cubic of Was 1 Dispos 11-1	Non-E  Iption of sing Material (A steems insulation)  Non-E  Iption of sing Material (A steems insulation)  Insulation  Yards  Steems I Date  8-14	Name of Tullyto	Amount (Specify SF or LF)  30 SF  Registered La	Removal x	Repair	e Encapsulate	
Scope of Work (CI  ≥3 sf or ≥3 lf ≥160 sf or ≥2  Asbestos-Co  TO  Name of Regis  Delfa Contr	Location of Intaining Material BE ABATED In Facility (13)  Basement  Stered Waste Facting LLC  NJ 07087	rial (ACM)	Is L No Usec Main Custo	ocatio ormally I Solely intenan odial S (12) No	y by cce/ taff?  N/A  NJDEP Hauler II	(i.e. the	Cubic of Was 1 Dispos 11-1	iption of sing Material (A sistems insulating, VAT, or sicellaneous)  Insulation  Yards  sal Date	Name of Tullyto	Amount (Specify SF or LF)  30 SF  Registered La	Removal x	Repair	e Encapsulate	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

<u>2</u>				_Pri	nt Eor
ME	GE		W		
The	CK #	1.0	36 2017	3	

Date of Notification (1)			Na	me of R	uilding ()	wner/O	perator (2	2)		Neck	19	2014		H
11/14/2014			1 20000				POINT	Contract to the second		NOV	1 3	U14	-	
				Street Address 423 WEST 55TH STREET, 9TH FLOOR ASBESTOS CONTROL & LICENSING										
		dment #		City, State, Zip Code NEW YORK, NEW YORK 10019					L	Lic	ENSIN	<u> </u>		
⊠ DOH DCA	Emergency justification) Cancellation	Announce to the Table	200.00	Name of Contact GUY BUTTARO				Telephone Number						
				FACILI	TY INFO	RMATI								_
Name of Facility Where A SOMERS POINT V						-		☐ s	f Facility (4)	(Other than K-	12)			
Street Address 50 MAYS LANDING	ROAD							× O ei	ther (i.e. privitc.)	rate & comme	rcial build			s,
City (5) SOMERS POINT								Square Feet # of Floors Bidg. Age 523 P/UNIT 2 50+			ge			
County (6) ATLANTIC				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolish APARTMENT UNITS-FIRE-						
Name of Monitoring Firm STRATEGIC ENVIR		Owner (8)		ASCM No.			Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 1634 SOUTH DELA	ΞΤ					Street Address 570 CLEMS RUN					20.00			
City, State, Zip Code PAULSBORO NJ 0	8066						City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		4	100	Telephone No. 856-423-5711			Telephone No. 610-304-4676				License No. 01145			
Start Date (10) 11/24/2014		Scheduled Completion Date (11) 12/27/2014					Name of OSHA Monitor EMSL						4	
Occupancy Status During							Street /		s 80 NORTH					=====
Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe:		of Normal Facility Hours					City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check A	II That Apply)	3 4800	7,000											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							
								Nor	n-Exempted	(*) and Non-Fr	iable Pro			
Location	n of	N	Location ormally	nally D olely by nance/ al Staff?  D Asbestos Co (i.e. therm: surf			escription					Abatement Type		
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	ATED lity	Mair	ntenanc				ntaining Material (ACM) al systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Elicioanie
(13)		Yes	No	N/A		Olifor	moodian	10000)			'al		late	ď
UNIT 97-98-99-100-101-1				X		FLO	OOR TI	LE		3138 SF	X			
UNIT 97-98-99-100-101-1				Х	JOINT COMP		COMP	POUND		300 SF	Х			
Name of Registered Wa SERVICE TRANSP		NC.	1 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DEP Wa uler ID N		of Wa	c Yards aste		A1918 (150 - 150 -	egistered Lan 'A LANDFIL				
City, State NEW CASTLE, DEL	AWARE						osal Date 0/2014		City, State WAYNE	SBURG, O	НЮ	4		
Completed by RON SWANSON		Title GENE	ERAL	MANA	GER	1	Signature	ACIL	oby	VIID.	Date 1/1/14/	2014		
ASB-41 (R-06-08)							1)00	1000	his form for	asbestos licen	sure exe	mpted	activ	itie