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

Date of Notification (1)			100		Building (perator	(2)	,	PETS	cr-					
8/31/15				No. of the last of	Reside	nce				E [J	SEF - S	1.1	0		_	
Agencies Notified	Type Notification			Street A 5-22 E	ddress stler Ct				<i>f</i> .				200	4.	16	
× EPA × DEP × DOL	x Initial Amended			City, Sta	te, Zip Co	de				Ć.	1.17			21		
× DOL	Amendmen		-	Fair La	awn, NJ								1.	44		
ĭ DOH	justification)				f Contact					0.500	ephone N	ıımh				
DCA	Cancellation	1		Vadim	1					٤						
Name of Facility Where	Abatement is Takir	ng Place (3)		FACI	LITY INFO	DRMATI	ON	Type	e of Facility (4)						
Vernik Residence	, and the second second	ig / idoo (o)						,,p.	School (K-12							
Street Address								H	Subchapter	8 (Oth						
5-22 Estler Ct								X	Other (i.e. pr etc.)	rivate	& commer	rcial bu	ildin	js, h	ome	es,
City (5)								Squ	are Feet	# 0	f Floors	1	Bldg	. Ag	е	
Fair Lawn								200		2			50+			
County (6) Bergen					Code (7) USE ONLY)				rent Use (Prio sidence	r if be	ing demoli	ished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	l No.		Name	of Ab	atement Conf	tractor	(9)					
									lation Co.,		# E					
Street Address							Street									
City, State, Zip Code									ose Road							
Sity, State, Zip Gode									ck, N.J. 07	722						
Project Manager for Mon	nitoring Firm	55		Telepho	ne No.		Teleph			2	License					
Start Date (10)		Cobodule	I Co-	nlotics !	Data (44)				1757		00029			_		
9/9/15		9/18/15	CON	pletton	Date (11)		ivame	or OS	SHA Monitor						0 83	
Occupancy Status Durin	ng Abatement (Che	ck Only One)				Street	Addre	ess					97		
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non					_	City, S	State, 2	Zip Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova	SUBSTITUTE.				M	ull Containme lini-Enclosure		n Negative	Press	ure			
							×		lovebag Proce on-Exempted		d Non-Fria	able Pr	oceo	ure		
		ls l	ocati	on						1		T		aten	nent	
Locatio	n of	No	ormall	y		De	scription	of				_	_	Тур	е	
Asbestos-Containing TO BE AB	Material (ACM)	Used Main	Sole			tos Cont		/lateria	al (ACM)		mount				Ē	ш
In Faci	lity	Custo	dial S (12)	staff?	(1.e.	surfa	cing, VA	T, or			Specify F or LF)	Remova	Topall] .	caps	nclo
(13)		-	(14)			other r	niscellar	neous)			oval	a a		Encapsulate	Enclosure
-		Yes	No	N/A									1		Œ	
bedro	om			Х	f	loor til	e and	mast	tic	2	200sf	X				
					- 172											
Name of Registered Wa	ste Hauler		303	JDEP W	107.07.0	V - 12 (13 (17))	Yards		Name of F	Registe	ered Land	fill				
Ace Insulation Co.,	Inc.		700.0	auler ID 2086	NO.	of Wa	ste		Chrins							
City, State							sal Date		City, State							
Colts Neck, New Je	rsey	T41-				9/18/			Easton,	PA		D-4				
Completed by Bree McGuire		Title Secret	tarv i	Treasu	ırer	8	Signature	1	1_		137	Date 8/31/ ⁻	15			
		200,01	J				17	1	V			3,511				



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

Date of Notification (1)			0.00		Building C			(2)								
8/31/15				Koshne	er Resid	ence		2.5%		2815	1000	-0	F 1 ,			
	Notification		1	Street Ad 39 Par	ldress k Place					£ .	(CE)	- /		5:	€	
× EPA × DEP × DOL	Initial Amended Amendment #				e, Zip Coo ong Bra		New Je	ersey				. A.		Ĭ	71	
⊠ DOH □	Emergency (ir justification) Cancellation	cluding	1		Contact	<u>.</u>				Tele	ephone N	umber			07293	
	Cariconation			FACIL	ITY INFO	RMAT	ION			-						
Name of Facility Where Abate	ment is Taking	Place (3)						Type	of Facility (4	4)						
Koshner Residence							l		School (K-1	2)						
Street Address									Subchapter Other (i.e. p	8 (Othe	er than K-	-12)	iidi	nac	homo	00
39 Park Place									etc.)	iivate c	x Comme	Wai Di	mui	iigs,	HOME	,5,
City (5)				1					e Feet	1	Floors	1		ig. A	ge	
West Long Branch								8000		2			50)+		
County (6) Monmouth				County C STATE L	Code (7) ISE ONLY)				nt Use (Prio dence	or if bei	ng demoli	ished)				
Name of Monitoring Firm Hire	d by Building O	wner (8)		ASCN	No.		0.0000000000000000000000000000000000000		tement Con		(9)					
									tion Co.,	Inc.						
Street Address								Addres Iontro	se Road							
City, State, Zip Code							45000		p Code k, N.J. 07	722	G.					
Project Manager for Monitoring	g Firm		1	Telephor	ne No.		Teleph	none No 294-1).		License					
0/ 15 / 40		C-L 1.1-	10	alatian f	Data (44)				IA Monitor		00029			-		
Start Date (10) 9/9/15		Schedule 9/18/15		ipietion L	Jate (11)		Name	01 USF								73
Occupancy Status During Aba	tement (Check	Only On	e)				Street	Addres	ss							
Facility Closed/Vacated I Abatement Performed O Other – Describe: 7am-7p	utside of Norma	eriod of A al Facility	batem Hours	ent			City, S	State, Zi	p Code						1944-51	
							1						_			
Scope of Work (Check All Tha	it Apply)						г	٦								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoliti					Min Glo	l Containme ni-Enclosure vebag Prod	9	Negative	e Pres	SUF	Э		
							>	⊴ Nor	n-Exempted	d (*) an	d Non-Fri	able P		500		
		1 1990	Locati						}				1		ment pe	Ċ
Location of			lormal d Sole				escription					-		,		I
Asbestos-Containing Mate		Mai	ntenar	nce/			ntaining f al system				mount Specify		0	-77	Enc	E
In Facility		Cust	odial S (12)	staff?	(surf	acing, VA	AT, or	1		or LF)	- North Control		Repair	aps	Enclosure
(13)			(12)			other	miscella	neous)				100	0	air.	Encapsulate	ure
		Yes	No	N/A											Ф	
outdoors				X			roof			8	000sf	X				
basement				Х		pip	e insula	ation		- 2	200lf		_			
windows				Х			glazing]		70 v	vindows	5				
	Name and the second															
Name of Registered Waste Ha	auler		10000	JDEP Wauler ID			c Yards aste			Registe	ered Land	itill				
Ace Insulation Co., Inc.			140 000	2086		10			Chrins							
City, State Colts Neck, New Jersey						9/18	osal Date 3/15	•	City, Stat Easton							
Completed by		Title				1	Signatur	e	1			Date	_			
Bree McGuire		1	etary	Treasu	ırer		~	W	<i>r</i>		11/4/8	8/31	/15			

OK 006120

D&S Proj. #: 2015-309

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

						u-count								
Date of Notification		11	lame of B ian furm	54	er/Operator (2))		2615 S	EF -2	AH 9	: 05			
Agencies Notified	Type Notificat		treet Addr	0.0000				ile grey	4	27 × 1160	CT 477			
☐ EPA	Initial							1	100	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	191			
☐ DEP	Amended		38 garde						the last	5 / / ·				
☑ DOL	Amendment #:	c	ity, State,	Zip Code										
	Emergency		WEST	WOOD, N	J 07675									
☑ DOH	(including justification)	Na	ame of Co	ontact				1	elepho	ne Numbe	r			
☐ DCA	Cancellation	. 11	jan furr	nan	11		ñ			10 400-				
-				FAC	ILITY INFORM	IOITA	N	•						
Name of facility wh	nere abatement i	is taking pla	ice (3)					Type of	Facility	(4)				
jan furman									0.0000000000000000000000000000000000000	ol (K - 12) hapter 8 (C		nan K	-12)	
Street Address										(Private/C			30	
										./Homes, e		100		
38 garden place	e							Square	Feet	# of Floo	rs	Blo	dg. A	ge
City (5)		Coun	ity (6)			1000	inty Code (7)					·		
						(Sta	ate use only)	Curren	t Use (F	Prior if bein	g dem	olishe	ed)	
WESTWOOD	1000		RGEN											
Name of Monitorin	g Firm Hired by	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contracto	r (9)					
						- 1	D & S RESTOR	ATION.	INC.					
Street Address						=	Street Address							
							20 California A	ve						
City, State, Zip Cod	e					_	City, State, Zip Code							
, , , , , , , , , , , , , , , , , , , ,							T-000 De 150							
Project Manager for	Monitoring Firm	,	Te	hone Numb	or	-	Paterson, NJ 07	/303		TLicense	Numb	or		
1 Toject Mariager Tol	I Worldoning Firm	ı		none num	ei		973-345-8020				1169	eı		
							Name of OSHA Mor				1109			
Start Date (10)		Sched	. Complet	tion Date (1	1)									
09/09/15		09/30	V15				D & S Restorat Street Address	ion, mc.						
Occupancy Status I	During Abatemer		attackers.			-								
	d/vacated during			omont			20 California A						_	
	erformed outside						City, State, Zip Code							
Describe:			domey from					11						
Other-Describ	be: NORMAL H	IOURS				-	Paterson, NJ 07	7503						
Scope of Work (ch	eck all that apply	y)						Full Conta	inment	w/negative	press	ure		
\boxtimes >3 sf or >3 If	\boxtimes	Renovatio	n					Mini-enclo						
≥160 sf or >2	160 lf	Demolition	ı				\boxtimes	Glovebag						
				used solely	,1			Non-Exen	nptea (*) and Non-	TR	Proce	E	1
Location of asbestos-con	ntaining	by mainte						Δ	mount		е	е	n	E
material (acm		staff(12)			material		sbestos-containing	5.700	Specify	SF or	m o	р	С	l n
abated in faci	ility (13)	Yes	No	N/A	material	(/ (0)())		Ĺ	F)		V	i	a	L
											е	r	Р	
BASEMENT			X		PIPE INSU	LAT	ION	51ft				Ш		
BASEMENT (in	side soffit)		\square X		PIPE INSU	LAT	ION	101	ft					
					1							П	П	
					1						T	一	一	市
Registered Waste H	lauler	INIDE	P Hauler	ID# I C	Subic Yards of	Waste	Name of Registered	d Landfill			.			1
D & S RESTOR		135			l yd.		TULLYTOWN,		RCE R	ECOVE	RY			
City, State				Disposal D			City, State							
PATERSON, N	J 07503			09/09/1			TULLYTOWN	, PA						
Completed by (Print		Title		1	Signature					Date				
BOGDAN JOLI		PRESID	ENT		19.50					08/27	/15			
ASB-41				n for asbest	os licensure ex	empte	d activities.				-			

CK 006119

D&S Proj. #: 2015-308

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

R20 1 10

						2815 CED	-			
Date of Notification (1)	Name of Bui	ding Owne	r/Operator (2)			ZEIS SEP	4 相片 9	: 65		
Agencies Notified Type Notification	victoria re					# Sept 1				
EPA Initial	Street Addres	SS				A LI	EN ME	T#L		
DEP Amended	271 north						• • • • •			
Amendment #:	City, State, Z	ip Code								
Emergency	ramsey, i									
DOH (including justification)	Name of Con	tact				Telephone	Number			
☐ DCA ☐ Cancellation	victoria 1	egel								
		FACIL	LITY INFORMA	ATION						
Name of facility where abatement is	taking place (3)					Type of Facility (4				
victoria regel						=	(K - 12) opter 8 (Other	than K	-12)	
Street Address						Other (F	Private/Comm Homes, etc.			
271 north central							# of Floors	В	dg. A	ge
City (5)	County (6)			Cour	ty Code (7)	- - - - - - - - - -		1.5		
- 3 (-)					e use only)	Current Use (Pri	ior if being de	molish	ed)	
ramsey	BERGEN									
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		ASCM No.	П	Name of Abatement					
				_	D & S RESTOR	ATION, INC.				
Street Address					Street Address					
				_	20 California A					
City, State, Zip Code					City, State, Zip Code					
Desired Manager for Manifeston Firm	Inc	NI ls -			Paterson, NJ 0	7503	License Nun	hor		
Project Manager for Monitoring Firm	Ph	one Numbe	er		973-345-8020	Y.	0116			
				-	Name of OSHA Mor					
Start Date (10)	Sched. Completion	n Date (11)		D & S Restorat					
08/28/15	09/15/15				Street Address					
Occupancy Status During Abatement					20 California A	venue				
Facility closed/vacated during and Abatement performed outside					City, State, Zip Code					
Describe: NORMAL HO	OURS				Paterson, NJ 0	7503				
Scope of Work (check all that apply)						Full Containment w	/negative pre	ssure		
	Renovation					Mini-enclosure				
	Demolition					Glovebag procedur Non-Exempted (*)		le prod	edure	
Location of	Is location normally u	used solely					Re	R	E	E
asbestos-containing	by maintenance/cust staff(12)	odial			bestos-containing	Amount (Specify S	l m	e p	n	n
material (acm) to be abated in facility (13)		NI/A	material (ACM)		LF)	0 0	a	а	C
	Yes No	N/A					е	r	р	
BASEMENT & 3 crawl space	X		PIPE INSU	LATI	NC	170 L FT				
								닏		닏
					A STATE OF THE STA			닏	H	Щ
								닏	닏	닏
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler I 13506		ubic Yards of V yds	vaste	Name of Registere TULLYTOWN	d Landfill , RESOURCE RE	COVERY			
City, State		Disposal D			City, State					
PATERSON, NJ 07503		08/31/15			TULLYTOWN	I, PA				
Completed by (Print or Type)	Title		Signature				Date			
	PRESIDENT Do not use this form	for ashesto	e licaneura av	emnter	Lactivities		08/26/15			

NO CK

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

Data of New York	ñ =		(Pursua	nt to NJA	AC 8:60 a	nd 12:12	20)		2.10				
Date of Notification (1)			Name	of Buildi ceton U	ng Owner niversity	Operato y, Trust	or (2) tees of Pri r/ ¢	etonitir	niversity _l	0. /			
Agencies Notified Type Notification	on		Street	Address				TO OIL1	_ 4 817	5.1	- 4		
EPA Initial Amended			Lacron and the second	State, Zip	- Buildir	ng	Å.	<u> </u>		18			
X DOL Amendme	nt # i				J 0854	4		êz	1 - 14 1-	ıG			
DOH Emergence justification	٦)	ing		of Conta	ct			Te	elephone Nu	umber	-		
DCA Cancellation	on			Ortego				61	00-250				
Name of Facility Where Abatement is Tak	ing Place	e (3)	FA	CILITY IN	NFORMAT	TION	Type of Facili	h. (4)					
Butler Apartments		Saled Saled					School (
Street Address Butler Avenue and Marshall Street	et						Subchar X Other (i.	oter 8 (Otl	her than K-1 & commerc	12) cial bu	ildings	s, hon	nes,
City (5) Princeton							Square Feet See Attach		of Floors	- 1	Bldg. 50+	Age	
County (6) Mercer			County (STATE	Code (7) 		Current Use (Residentia	Prior if be	eing demolis	shed)			
Name of Monitoring Firm Hired by Building Pennoni Associates	Owner ((8)	ASC	M No.			of Abatement (ervices, LLC	Contracto	г (9)				
Street Address	Ohit						Address						
515 Grove Street, Suite 1B City, State, Zip Code						407	West Lincolr	Highw	ay, Suite	500			
Haddon Heights, NJ 08035							state, Zip Code n, PA 19341						
Project Manager for Monitoring Firm Alan Lloyd	W. Tal			one No. 56-287	5		none No. 872-8884		License N 01161	No.			
Start Date (10) 8/17/15	9/30/	15	mpletion	Date (11)	Name EMS	of OSHA Monit L:	ог		28			
Occupancy Status During Abatement (Che						Street	Address				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period o	f Abate	ment				Route 130 N	orth					
Other – Describe:	nai Facili	ity Hour	S			The state of the s	tate, Zip Code aminson, NJ						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demoli				× ×		ire ocedure				e	
		s Locat								T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	cription	of			-	1)	ре Г	T
TO BE ABATED In Facility (13)	1,000	aintena stodial S (12)	10001000000	Asbe: (i.e	thermal. surfac	systems ing, VAT	aterial (ACM) insulation, , or	(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		onern	iscellane	eous)			val	¥-	ulate	sure
See attached information sheet									<u> </u>	1			
	1	2500										_	
Name of Registered Waste Hauler	•		JDEP W		Cubic Y		Name o	Registe	red Landfill				
Waste Management of New Jersey		Ha	auler ID I	NO.	of Wast	e	GROV	/S Land	dfill				
City, State Frenton, NJ	W.				Disposa TBD	al Date	City, Sta	te ville, PA	Α				
Completed by lack Bally	Title Sr. Pi	roject	Manag	er	Sir	Atura	Car Ma	160	Da	te /	lic		

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

Princeton Butler	Tracking	
Building Number PHASE A	Street	# of Units
214	Halsey `	4
216	Halsey	3
218	Halsey	3
220	Halsey	3
222	Halsey	3
224	Halsey	3
226	Halsey	3
228	Halsey	3
Totals A		25
Phase B		
421	Butler	3
419	Butler	2
417	Butler	2
418	Butler	2
420	Butler	2
422	Butler	2
223	Halsey	4
221	Halsey	4
219	Halsey	4
217	Halsey	4
417	Devereux	3
415	Devereux	2
218	Eisenhower	3
220	Eisenhower	3
222	Eisenhower	3
224	Eisenhower	3
418	Devereux	3
416	Devereux	2
414	Devereux	4
Totals B		55

2015 SEP -2 AM 9: 64 6 111 H 146

	Т Т	
PHASE C		
217	Eisenhower	3
219	Eisenhower	3
221	Eisenhower	3
223	Eisenhower	3
218	King	3
220	King	3
222	King	3
224	King	3
410	Devereux	2
411	Devereux	2
412	Devereux	2
413	Devereux	2 .
410	Butler	2
412	Butler	2
414	Butler	2
415	Butler	2
Totals C		40
PHASE D		
217	King	4
219	King	4
221	King	4
223	King	4
225	King	4
218	Marshall	3
220	Marshall	3
222	Marshall	3
222	Marshall Marshall	
		3
224	Marshall	3
224	Marshall Marshall	3 3
224 226 228	Marshall Marshall Marshall	3 3 3

2015 SEP -2 AM S: 64

ETHER ING

406	Deveruex	3
407	Deveruex	3
408	Deveruex	2
404	Butler	3
406		
	Butler	2
407	Butler	2
409	Butler	3
411	Butler	3
Totals D		65
PHASE E		
217	Marshall	3
219	Marshall	3
221	Marshall	
		3
223	Marshall	3
225	Marshall	3
227	Marshall	3
218	Harrison	4
220	Harrison	4
222	Harrison	3
224	Harrison	3
226	Harrison	
		4
228	Harrison	4
400	Deveruex	4
401	Devereux	3
403	Devereux	2
400	Butler	3
401	Butler	3
402	Butler	3
403	Butler	2
405		
	Butler	2
Totals E		62

2015 SEP -2 AM 9:04

6 1 1 N 105

ecoservices, LLC

Butler Apartments
2 Unit Building -~1,100 square feet each

0)		p Enclosure	115								
Abatement Type		Encap									
Abater		Repair									
		Removal	×	×	×	×	×	×	×		
	Amount (Specify SF or LF)		26,400 SF	9,600 SF	48 Each	21,600 SF	288 LF	72 LF	1,536 SF		
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or	other miscellaneous)	Tile, Mastic, leveler, linoleum	Transite Skirt	Sink under coating	Transite panel debris	Flue pipe insulation	Transite wall board	Pipe insulation		
Is location normally	used solely by Maintenance/ Custodial Staff?	Yes No N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Location of	Asbestos Containing Material (ACM) To Be Abated In Facility		1st Floor	Exterior	1st Floor	Attic / Crawlspace	Attic	1st Floor (behind heater)	1st Floor (behind heater)		

2015 SEP -2 AM 9: 64

Butler Apartments 3 Unit Building -~2,000 square feet each

Asbestos Containing Material (ACM) used solely by To Be Abated Maintenance/ In Facility Custodial Staff? Yes No N/A	ely by ance/ Staff? N/A						
Maintena Custodial S Yes No N/A	ance/ Staff? N/A						
Custodial S Yes No N/A	Staff? N/A	Description of Asbestos Containing Material (ACM)	Amount				
Yes No N/A	N/A	(i.e. thermal systems insulation, surfacing, VAT, or	(Specify SF or LF)				
N/A		other miscellaneous)	300	Removal	Repair	Encap	Enclosure
		Tile, Mastic, leveler, linoleum	89,100 SF	×			
N/A		Transite Skirt	21,375 SF	×			
N/A		Sink under coating	135 Each	×			
N/A		Transite panel debris	72,000 SF	×			
N/A		Flue pipe insulation	1,035 LF	×			
N/A		Transite wall board	4,320 SF	×			
N/A		Pipe insulation	405 LF	×			
8							

2018 SEP -2 AM 5:64

	Enclosure									
nt Type	Encap									
Abatement Type	Repair									
	Removal	×	×	×	×	×	×	×		
	Amount (Specify SF or LF)	41,280 SF	10,288 SF	64 Each	33,840 SF	128 LF	2,048 SF	192 LF		
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Tile, Mastic, leveler, linoleum	Transite Skirt	Sink under coating	Transite panel debris	Flue pipe insulation	Transite wall board	Pipe insulation		
Is location normally	used solely by Maintenance/ Custodial Staff? Yes No N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Location of	Asbestos Containing Material (ACM) To Be Abated In Facility	1st Floor	Exterior	1st Floor	Attic / Crawlspace	Attic	1st Floor (behind heater)	1st Floor (behind heater)		