

CK# 2623

Print Form

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

Date of Notification (1) 4/10/15		Name of Building Owner/Operator (2) Sandy Stiles			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 16 Ocean Ave		City, State, Zip Code Manasquan, NJ 08736			
Name of Contact Mike		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Stiles Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 16 Ocean Ave		Square Feet 2100	# of Floors 1		
City (5) Manasquan		Bldg. Age 66			
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.		
Street Address		Street Address 95 Montrose Road			
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722			
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	Lic. No. 009		
Start Date (10) 4/13/15	Scheduled Completion Date (11) 4/17/15	Name of OSHA Monitor			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address			
		City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or lf)
	Yes	No	N/A		
outdoors			x	siding	2100
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Waste Disposal Site Chrins	
City, State Colts Neck, New Jersey		Disposal Date 4/17/15		City, State Easton, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature 		

APR 15 2015

Number

(-12)
ercial buildings, homes,Bldg. Age
66

lished)

e No.

9

ve Pressure

rable Procedure

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
x			

ndfill

Date
4/10/15

Print Form

Number 				
K-12) Commercial buildings, homes,				
Bldg. Age 60+		(Completed) Age		
e No. 9				
e Pressure				
Abatement Procedure				
Abatement Type		Enclosure Encapsulate Repair Removal		
X				
Date 4/13/15				

01K 005949

D&S Proj. #: 2015-121

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

Date of Notification (1) <u>10/14/10/19/11/15/1</u>		Name of Building Owner/Operator (2) <u>john & mary ann pendleton</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
	Street Address <u>66 ball road</u>				
	City, State, Zip Code <u>mt. lakes, nj 07046</u>				
	Name of Contact <u>john & mary ann pendleton</u>		Telephone Number _____		
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) <u>john & mary ann pendleton</u>		Type of Facility <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other Private/Commercial homes, etc.			
Street Address <u>66 ball road</u>		Square Feet _____			
City (5) <u>mt. lakes</u>	County (6) <u>MORRIS</u>	County Code (7) (State use only)	Current Use (or if being demolished) _____		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address _____		Street Address <u>20 California Ave.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>			
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>		
Start Date (10) <u>04/20/15</u>		Sched. Completion Date (11) <u>05/14/15</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>		Street Address <u>20 California Avenue</u>			
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted ()			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)
	Yes	No	N/A		
<u>BASEMENT</u>		<input checked="" type="checkbox"/>		<u>PIPE INSULATION</u>	<u>2301 ft</u>
Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>4 yds</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>		
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>04/21/15</u>	City, State <u>TULLYTOWN, PA</u>		
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>	Signature _____		Date <u>04/09/ 2015</u>

PK 005947

State of NJ

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

D&S Proj. #: 2015-120

Date of Notification (1) 10/14/10/18/11/15		Name of Building Owner/Operator (2) CITY OF ELIZABETH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 WINFIELD PLAZA City, State, Zip Code ELIZABETH, NJ 07207 Name of Contact ANTHONY BATTITTA Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CITY OF ELIZABETH Street Address 50 WINFIELD PLAZA City (5) ELIZABETH, County (6) UNION County Code (7) (State use only)			Type of Facility <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Suburban <input checked="" type="checkbox"/> Other Bldgs Square Feet Current Use (If being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) TANDEM ASSOCIATES Street Address 265 INDUSTRIAL WAY WEST City, State, Zip Code EATONTOWN, NJ 07724 Project Manager for Monitoring Firm KEVIN BURNS Start Date (10) 04/22/15 Sched. Completion Date (11) 04/24/15 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: _____ <input checked="" type="checkbox"/> Other-Describe: AFTER HOURS 5:00 PM		ASCM No. N/A	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 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*)
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)	or	H e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
BSMNT STAIRWELL STORAGE RM		<input checked="" type="checkbox"/>		PIPE INSULATION/DEBRIS	9 L FT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT TELEPHONE RM IN G-8		<input checked="" type="checkbox"/>		PIPE INSULATION (WRAP&CUT)	2 L FT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE R City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	
Date 04/08/2015			OVERY