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

D&S Proj. #: MS 12-135

RECEIVED
APR 17 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/13/12

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment #: ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): MARC GOLDFARB

Street Address: 220 WEST RIDGEWOOD AVENUE

City, State, Zip Code: RIDGEWOOD, NJ 07450

Name of Contact: MARC GOLDFARB

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): MARC GODFARB

Street Address: 220 WEST RIDGEWOOD AVENUE

City (5): RIDGEWOOD

County (6): BERGEN

County Code (7) (State use only)

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 Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10): 04/23/12

Sched. Completion Date (11): 04/30/12

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

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: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ 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)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	210 L FT	☒	☐	☐	☐
BASEMENT LAUNDRY		X		PIPE INSULATION	42 L FT	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 3 YDS

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 04/14/12

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 04/13/12

ASP 41

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

D&S Proj. #: MS 12-136

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

RECEIVED
APR 17 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/13/12

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment #: ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): TOM HEALEY

Street Address: 98 RUTGERS STREET

City, State, Zip Code: MAPLEWOOD, NJ 07040

Name of Contact: TOM HEALEY

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): TOM HEALEY

Street Address: 98 RUTGERS STREET

City (5): MAPLEWOOD

County (6): ESSEX

County Code (7) (State use only)

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 Monitoring Firm Hired by Bldg. Owner (8) | ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm | Phone Number

Start Date (10): 04/24/12

Sched. Completion Date (11): 05/04/12

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

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: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition
☐ 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)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	116 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: 04/25/12 | City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC | Title: PRESIDENT | Signature | Date: 04/13/12

ASB-41

* 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. #: MS 12-134

RECEIVED
APR 17 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/13/12

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

Type Notification: ☒ Initial ☐ Amended Amendment #: ☐ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (2): LYNN SIEPSER

Street Address: 5 POINT ROAD

City, State, Zip Code: WAYNE, NJ 07470

Name of Contact: LYNN SIEPSER

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): LYNN SIEPSER

Street Address: 5 POINT ROAD

City (5): WAYNE

County (6): PASSAIC

County Code (7) (State use only):

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 Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Start Date (10): 04/24/12

Sched. Completion Date (11): 05/04/12

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

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: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition
☐ 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)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT		X		PIPE INSULATION	70 L FT	☒	☐	☐	☐
BASEMENT WATER TANK		X		TANK INSULATION	60 SQ FT	☒	☐	☐	☐
BASEMENT ABOVE BOILER		X		HEAT SHIELD	32 SQ FT	☒	☐	☐	☐
BASEMENT		X		BARE HEATING PIPES	108 L FT	☐	☐	☒	☐
						☐	☐	☐	☐

Registered Waste Hauler: D & S RESTORATION, INC.

NJDEP Hauler ID#: 13506

Cubic Yards of Waste: 3 YDS

Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503

Disposal Date: 04/25/12

City, State: TULLYTOWN, PA

Completed by (Print or Type): BOGDAN JOLDZIC

Title: PRESIDENT

Signature:

Date: 04/13/12

ASB-41

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

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

RECEIVED
APR 17 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): **4/12/12**	Name of Building Owner / Operator (2): **Hess Corporation**
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation
	Street Address: **One Hess Plaza**
	City, State & Zip Code: **Woodbridge, NJ 07095**
	Name of Contact: **John Philbin** — Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Hess Corporation**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **615 River Road**	Square Feet: — # of Floors: — Bldg. Age: —
City (5): **Edgewater** — County (6): **Bergen** — County Code (7): —	Current Use (Prior if being demolished): **Offices**
Name of Monitoring Firm Hired by Building Owner (8): **AET, Inc.** — ASCM No.	Name of Abatement Contractor (9): **Bristol Environmental, Inc.**
Street Address: **28 N. Pennell Road**	Street Address: **1123 Beaver Street**
City, State & Zip Code: **Media, PA 19063**	City, State & Zip Code: **Bristol, PA 19007**
Project Manager for Monitoring Firm: **Dave Turotsy** — Telephone Number: **(1) 800-9696 -AET**	Telephone Number: **(215)788-6040** — License Number: **00509**
Scheduled Start Date (10): **4/26/12** — Scheduled Completion Date (11): **4/27/12**	Name of OSHA Monitor: **Bristol Environmental Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Hours – Describe: ☒ Facility Occupied During Abatement **7 AM – 3:30 PM**	Street Address: **1123 Beaver Street** — City, State & Zip Code: **Bristol, PA 19007**

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf — ☒ Renovation ☐ Demolition — ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Locker Room – above drop ceiling	☐	☒	☐	**Pipe Insulation**	**20 LF**	☒	☐	☐	☐
Sales Offices – above drop ceiling	☐	☒	☐	**Pipe Insulation**	**70 LF**	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: **Bristol Environmental Inc**	NJDEP Waste Hauler ID No.: **18706**	Cubic Yards of Waste: **5**	Name of Registered Landfill: **GROWS Landfill**
City, State: **Bristol, PA**		Disposal Date: **4/27/12**	City, State: **Morrisville, PA**
Completed By (Print or Type): **Gino Pizzigoni**	Title: **Project Manager**	Signature: Gino Pizzigoni /jl	Date: **4/12/12**

GI 12068

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3787/12 CHECK # 22840 AMENDMENT # 2

Date of Notification (1): **04/11/2012**	Name of Building Owner / Operator (2): **Bed, Bath and Beyond**
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial Notification ☐ Amended Notification ☐ Cancellation
	Street Address: **650 Liberty Avenue**
	City, State & Zip Code: **Union, NJ 07083**
	Name of Contact: **Mr. John Purcell** — Telephone Number: **908 358 4547**

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FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Bed, Bath and Beyond Property**	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: **650 Liberty Avenue**	Square Feet: **200,000** — # of Floors: **1** — Bldg. Age: **50+**
City (5): **Union** — County (6): **Union** — County Code (7):	Current Use (Prior if being demolished): **Commmercial Office**
Name of Monitoring Firm Hired by Building Owner (8): **ATC Associates, Inc.** — ASCM No.: **00098**	Name of Abatement Contractor (9): **ETS Contracting, Inc.**
Street Address: **1090 King Georges Post Road, Suite 706**	Street Address: **160 Clay Street**
City, State & Zip Code: **Edison, NJ 08837**	City, State & Zip Code: **Brooklyn, NY 11222**
Project Manager for Monitoring Firm: **Pat Sisk** — Telephone Number: **(732) 771-0051**	Telephone Number: **718-706-6300** — License Number: **00511**
Scheduled Start Date (10): **4/12/12** — Scheduled Completion Date (11): **12/31/12**	Name of OSHA Monitor: **Environmental Tactics, Inc.**
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: **Work Area Vacated: - Working Hours from 5:00pm - 1:30am**	Street Address: **64 Broad Street** City, State & Zip Code: **Matawan, NJ 0774**

Scope of Work (Check all that apply)

☐ Demolition ☒ Renovation
☒ Large Project
☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM
☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Other: **Non Friable Electric Cable**

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	**No**	**VAT**	**100,000 SF**	**Removal**
2nd Floor	**No**	**VAT**	**60,000 SF**	**Removal**
2nd Floor	**No**	**Pipe Insulation**	**50 LF**	**Removal**

Name of Registered Waste Hauler: **Tri State Transfer**	NJDEP Waste Hauler ID #: **19551**	Cu. Yds. of Waste: **3**	Name of Registered Landfill: **Minerva Enterprises, Inc.**
City, State: **Bronx, NY**		Disposal Date: **TBD**	City, State: **Waynesburg, OH**

Completed By (Print or Type): **ROY JOHNSON**	Title: **PROJECT EXECUTIVE**	Signature:	Date: **04/12/12**

ASB-41 JUN 95 G4667

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3787/12 CHECK # 22840

AMENDMENT # 2

RECEIVED
APR 17 2012
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 04/11/2012	Name of Building Owner / Operator (2): Bed, Bath and Beyond
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial Notification ☐ Amended Notification ☐ Cancellation
	Street Address: 650 Liberty Avenue
	City, State & Zip Code: Union, NJ 07083
	Name of Contact: Mr. John Purcell — Telephone Number: 908 358 4547

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bed, Bath and Beyond Property	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 650 Liberty Avenue	Square Feet: 200,000 — # of Floors: 1 — Bldg. Age: 50+
City (5): Union — County (6): Union — County Code (7):	Current Use (Prior if being demolished): Commmercial Office
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates, Inc. — ASCM No.: 00098	Name of Abatement Contractor (9): ETS Contracting, Inc.
Street Address: 1090 King Georges Post Road, Suite 706	Street Address: 160 Clay Street
City, State & Zip Code: Edison, NJ 08837	City, State & Zip Code: Brooklyn, NY 11222
Project Manager for Monitoring Firm: Pat Sisk — Telephone Number: (732) 771-0051	Telephone Number: 718-706-6300 — License Number: 00511
Scheduled Start Date (10): 4/12/12 — Scheduled Completion Date (11): 12/31/12	Name of OSHA Monitor: Environmental Tactics, Inc.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: Work Area Vacated: - Working Hours from 5:00pm - 1:30am	Street Address: 64 Broad Street — City, State & Zip Code: Matawan, NJ 0774

Scope of Work (Check all that apply)

☐ Demolition ☒ Renovation
☒ Large Project
☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM
☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Other: Non Friable Electric Cable

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st Floor	No	VAT	100,000 SF	Removal
2nd Floor	No	VAT	60,000 SF	Removal
2nd Floor	No	Pipe Insulation	50 LF	Removal

Name of Registered Waste Hauler: Tri State Transfer	NJDEP Waste Hauler ID #: 19551	Cu. Yds. of Waste: 3	Name of Registered Landfill: Minerva Enterprises, Inc.
City, State: Bronx, NY		Disposal Date: TBD	City, State: Waynesburg, OH

Completed By (Print or Type): ROY JOHNSON	Title: PROJECT EXECUTIVE	Signature:	Date: 04/12/12

ASB-41 JUN 95 G4667