

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 & TELEPHONE NUMBER		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		Date of Notification (1) 10/14/11 13/11/12	
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		Name of facility where abatement is taking place (3) MARC GOLDFARB Street Address 220 WEST RIDGEWOOD AVENUE City (5) RIDGEWOOD County (6) BERGEN County Code (7) (State use only)	

FACILITY INFORMATION

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		Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Monitoring Firm 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: NORMAL HOURS	
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Scope of Work (check all that apply) ☐ Full Containment w/negative pressure ☐ Mini-enclosure ☒ Glovebag procedure ☐ Non-Exempted (*) and Non-triable procedure		Location of asbestos-containing material (acm) to be abated in facility (13) Yes No N/A Is location normally used solely by maintenance/custodial staff (12) Description of asbestos-containing material (ACM) Amount (Specify SF or LF) 210 L FT 42 L FT PIPE INSULATION PIPE INSULATION BASEMENT BASEMENT LAUNDRY	
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Location of asbestos-containing material (acm) to be abated in facility (13)	Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	210 L FT	42 L FT	PIPE INSULATION	PIPE INSULATION	BASEMENT	BASEMENT LAUNDRY
Is location normally used solely by maintenance/custodial staff (12)											
Cubic Yards of Waste											
NJDEP Hauler ID#											
3 YDS											
Name of Registered Landfill											
TULLYTOWN, RESOURCE RECOVERY											
City, State											
PATERSON, NJ 07503											
Disposal Date											
04/14/12											
City, State											
TULLYTOWN, PA											

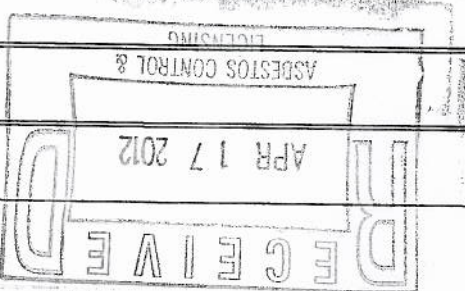
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/13/12
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* Do not use this form for asbestos licensure exempted activities.

ASD 44

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

D&S Proj. #: MS 12-136



Date of Notification (1) 10/14/11 13/11/12	
Agencies Notified ☐ EPA ☒ 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	

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)	
Current Use (Prior if being demolished) 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	
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	

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	
Scope of Work (check all that apply) ☒ >3 sf or >3 lf ☐ Renovation ☐ Demolition ☐ >160 sf or >260 lf	
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) 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 TULLYTOWN, PA Disposal Date 04/25/12 Signature BOGDAN JOLDZIC Title PRESIDENT Completed by (Print or Type) BOGDAN JOLDZIC Date 04/13/12	

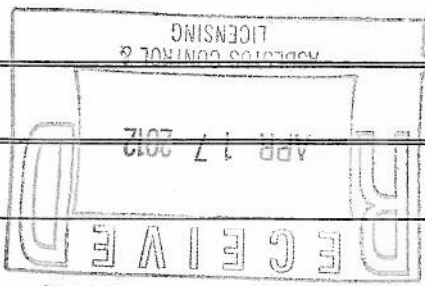
Date of Notification (1) 10/14/11 13/11/12		Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA ☐ Cancellation	
Name of Building Owner/Operator (2) LYNN SIEPSE Street Address 5 POINT ROAD City, State, Zip Code WAYNE, NJ 07470		Name of Contact LYNN SIEPSE Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LYNN SIEPSE Street Address 5 POINT ROAD City (5) WAYNE County (6) PASSAIC County Code (7) (State use only)		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	
Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		Current Use (Prior if being demolished) Square Feet # of Floors Bldg. Age	

Name of Monitoring Firm Hired by Bldg. Owner (8) WAYNE ASCM No.		Street Address City, State, Zip Code Paterson, NJ 07503	
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 ☒ Other-Describe: NORMAL HOURS		Scope of Work (check all that apply) ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Mini-enclosure ☒ Glovebag procedure ☐ Non-Exempted (*) and Non-frable procedure	

Location of asbestos-containing material (acm) to be abated in facility (13) Yes No N/A		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) R e v o l u t i o n e r p a c k e t L o n e	
BASEMENT PIPE INSULATION 70 L FT ☒		BASEMENT WATER TANK TANK INSULATION 60 SQ FT ☒		BASEMENT ABOVE BOILER HEAT SHIELD 32 SQ FT ☒	
BASEMENT 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		Title PRESIDENT Signature Date 04/13/12	



(Pursuant to N.J.A.C. 8:60 and 12:120)

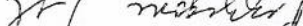
Date of Notification (1) 4/12/12	Type Notification		☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA
	☒ Initial ☐ Amended ☐ Emergency ☐ Cancellation		
Name of Building Owner / Operator (2)	Hess Corporation	Street Address	One Hess Plaza
		City, State & Zip Code	Woodbridge, NJ 07095
		Name of Contact	John Philbin
		Telephone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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Hess Corporation		Street Address		615 River Road	
City (5)		Edgewater		County (6)		Bergen	
County Code (7)				Current Use (Prior if being demolished)		Offices	
Type of Facility (4)		☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Square Feet		# of Floors	
Bldg. Age							

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)		Bristol Environmental, Inc.	
28 N. Pennell Road		Street Address		1123 Beaver Street		City, State & Zip Code	
Media, PA 19063		City, State & Zip Code		Bristol, PA 19007		Telephone Number	
Project Manager for Monitoring Firm		Telephone Number		(1) 800-9696 -AET		(215) 788-6040	
Dave Turotsy		Scheduled Completion Date (11)		4/27/12		Name of OSHA Monitor	
4/26/12		Scheduled Start Date (10)		Bristol Environmental Inc.		Street Address	
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		Bristol, PA 19007		City, State & Zip Code		1123 Beaver Street	
Scope of Work (Check all that apply)		Full Containment with Negative Pressure		Mini-Enclosure		Glove Bag Procedures	
☐		☐		☒		☐	
≥ 3 sf or ≥ 3 lf		Renovation		Demolition		Non-Exempted and Non-Friable Procedure	
☐		☒		☐		☒	
≥ 160 sf ≥ 260 lf							

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		NJDEP Waste Hauler ID No. 18706		Disposal Date 4/27/12		City, State Morrisville, PA	
Bristol Environmental Inc						Bristol, PA	
Completed By (Print or Type)		Title		Signature		Date	
Gino Pizzigoni		Project Manager				4/12/12	

**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		FACILITY INFORMATION Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property Street Address 650 Liberty Avenue City (5) Union County (6) Union County Code (7) Square Feet 200,000 # of Floors 1 Bldg. Age 50+		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 160 Clay Street City, State & Zip Code Brooklyn, NY 11222 Telephone Number 718-706-6300 License Number 00511	
Project Manager for Monitoring Firm Pat Sisk Telephone Number (732) 771-0051 Scheduled Completion Date (11) 12/31/12		Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - ☒ Other - Describe: Work Area Vacated: - Working Hours from 5:00pm - 1:30am	
Scope of Work (Check all that apply) ☐ Demolition ☒ Large Project ☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM ☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM ☒ Full Containment with Negative Pressure ☐ Glovebag Procedure ☐ Other: Non Friable Electric Cable			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Normally Used Solely by Maintenance or Custodial Staff? (12) Is Location Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) 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)		1 st Floor 2 nd Floor 2 nd Floor VAT VAT Pipe Insulation 100,000 SF 60,000 SF 50 LF Removal Removal Removal	
Name of Registered Waste Hauler Tri State Transfer NJDEP Waste Hauler ID # 19551 Cu. Yds. of Waste 3 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

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		Street Address 650 Liberty Avenue	
City (5) Union		County (6) Union	County Code (7) 00098
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	
Street Address 1090 King Georges Post Road, Suite 706		City, State & Zip Code Edison, NJ 08837	
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	
Scheduled Start Date (10) 4/12/12		Scheduled Completion Date (11) 12/31/12	
Name of Abatement Contractor (9) ETS Contracting, Inc.		Street Address 160 Clay Street	
City, State & Zip Code Brooklyn, NY 11222		Telephone Number 718-706-6300	
License Number 00511		Name of OSHA Monitor Environmental Tactics, Inc.	
Street Address 64 Broad Street		City, State & Zip Code Matawan, NJ 0774	
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		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		NJDEP Waste Hauler ID # 19551		Cu. Yds. of Waste 3		Name of Registered Landfill Minerva Enterprises, Inc.		City, State Waynesburg, OH	
Tri State Transfer		Disposal Date TBD		Signature (Signature)		Date 04/12/12		Completed By (Print or Type) ROY JOHNSON	
City, State Bronx, NY		Title PROJECT EXECUTIVE		Date 04/12/12		ASB-41 JUN 95 G4667			