

CK 006083

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

D&amp;S Proj. #: 2015-270

2015 AUG -5 AM 10:03

Date of Notification (1) 10/17/13 10/15/15		Name of Building Owner/Operator (2) STEVE MOSCARA	
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 9 LAUREL PLACE City, State, Zip Code WEST CALDWELL, NJ 07006 Name of Contact STEVE MOSCARA Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEVE MOSCARA Street Address 9 LAUREL PLACE City (5) WEST CALDWELL County (6) ESSEX County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/13/15 Sched. Completion Date (11) 08/28/15		ASCM No.	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 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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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 ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	83 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/13/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/30/ 2015

CK 006083

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

D&amp;S Proj. #: 2015-267

2015 AUG -5 AM 10:03

Date of Notification (1) 10/17/13 10/11/15		Name of Building Owner/Operator (2) PAT COUSEY	
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 9 CLEVELAND ROAD City, State, Zip Code SUMMIT, NJ 07901 Name of Contact PAT COUSEY Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAT COUSEY Street Address 9 CLEVELAND ROAD City (5) SUMMIT County (6) UNION County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/12/15 Sched. Completion Date (11) 08/28/15 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: NORMAL HOURS		ASCM No. 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 01169 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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> 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
GARAGE		X		DUCT INSULATION	90 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/13/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/30/15



OK 006084

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

D&S Proj. #: 2015-271

2015 AUG -5 AM 10:03

Date of Notification (1) 07/13/15		Name of Building Owner/Operator (2) ESTHER NETKIN	
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 994 EDGEWOOD ROAD City, State, Zip Code ELIZABETH, NJ 07207 Name of Contact RUTH BREWSTER Telephone Number 908-600-0008	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ESTHER NETKIN Street Address 994 EDGEWOOD ROAD City (5) ELIZABETH County (6) UNION County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/11/15 Sched. Completion Date (11) 08/28/15 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: NORMAL HOURS		ASCM No. 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 01169 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT BOILER RM		<input checked="" type="checkbox"/>		PIPE INSULATION	14 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement laundry rm		<input checked="" type="checkbox"/>		PIPE INSULATION	2 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	14 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	47 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/12/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/30/15



CK# 6447

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

Date of Notification (1) <b>8/4/15</b>		Name of Building Owner/Operator (2) <b>P.S.E.G.</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>4000 HADLEY ROAD</b> City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b> Name of Contact <b>Gus NAJERA</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE+G</b>		Type of Facility (4)							
Street Address <b>17-53 NEVINS ROAD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>FAIRLAWN</b>		Square Feet <b>1700</b>	# of Floors <b>1</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>Appx 60 yrs</b>							
County Code (7) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Start Date (10) <b>8/18/15</b>	Scheduled Completion Date (11) <b>8/28/15</b>								
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<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: <b>necessary repairs only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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 (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>STORAGE SHED</b>		<b>X</b>		<b>TRANSITE PANELS</b>	<b>3400SF</b>	<b>X</b>			
<b>BATHROOM</b>		<b>X</b>		<b>ACM PIPE INSULATION</b>	<b>15LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>ETGI</b>		NJDEP Waste Hauler ID No. <b>S7107</b>	Cubic Yards of Waste <b>Appx 30</b>	Name of Registered Landfill <b>CONESTOGA LANDFILL</b>					
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>MORGANTOWN, PA</b>						
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>			Date <b>8/4/15</b>			