

D&S Proj. #: 2014-316

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

Date of Notification (1) 08/10/14		Name of Building Owner/Operator (2) ILAN HIGH SCHOOL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 215 BROAD STREET		City, State, Zip Code EASTONTOWN, NJ 07724	
Name of Contact RALPH CAPPOLA		Telephone Number 201-438-8020	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ILAN HIGH SCHOOL			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.)		
Street Address 215 BROAD STREET			Square Feet		
City (5) EASTONTOWN			County (6) MONMOUTH		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) MCCABE ENVIRONMENTAL SERVICES, L.L.C.			ASCM No. #00118		
Street Address 464 VALLEY BROOK AVENUE			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code LYNDHURST, NJ 07071			Street Address 20 California Ave.		
Project Manager for Monitoring Firm RALPH CAPPOLA			City, State, Zip Code Paterson, NJ 07503		
Phone Number 201-438-4839			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/18/14			Sched. Completion Date (11) 08/22/14		
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			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) <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 checked="" type="checkbox"/> Full Containment w/negative pressure <input 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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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								
BASEMENT		X		PIPE INSULATION	601 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 08/20/14		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT		Signature		Date 08/04/2014			

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

D&S Proj. #: 2014-319

Date of Notification (1) 08/10/14		Name of Building Owner/Operator (2) john wilsterman	
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 748 west sadle river road,		AUG 13 2014	
City, State, Zip Code HO-HO-KUS, NJ 07423		Telephone Number	
Name of Contact john wilsterman			

FACILITY INFORMATION

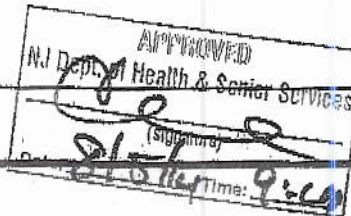
Name of facility where abatement is taking place (3) john wilsterman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 748 west sadle river road,			Square Feet		
City (5) HO-HO-KUS			# of Floors		
County (6) bergen			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 09/15/14			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 09/30/14			Street Address 20 California Avenue		
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			City, State, Zip Code Paterson, NJ 07503		

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 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)	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	115 L FT	X					
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 09/16/14			City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC			Title PRESIDENT			Signature			Date 08/05/14		

Aug 5 2014 09:40am

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D&S Proj. #: 2014-317

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1) 08/10/14		Name of Building Owner/Operator (2) david gasper	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 539 2nd street		City, State, Zip Code carlstadt, nj 07072	
Name of Contact david gasper		Telephone Number 2 _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) david gasper			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.)		
Street Address 539 2nd street			Square Feet		
City (5) carlstadt			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-345-8020		License Number 01169	
Start Date (10) 08/07/14		Sched. Completion Date (11) 08/22/14		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovabag 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)	R	e	m	o	v	e	p	a	E	n	c	a	p	E	n	c	l	
	Yes	No	N/A																				
BASEMENT		X		PIPE INSULATION	130 lf	X																	

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill FULLY TOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/08/14		City, State FULLY TOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 08/04/2014	

AAR-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. #: 2014-317

Date of Notification (1) <u>10/18/10/14/11/14</u>		Name of Building Owner/Operator (2) <u>david gasper</u>	
Agencies Notified	Type Notification	Street Address <u>539 2nd street</u> City, State, Zip Code <u>carlstadt, nj 07072</u> Name of Contact <u>david gasper</u> Telephone Number 	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>david gasper</u>			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.)		
Street Address <u>539 2nd street</u>					
City (5) <u>carlstadt</u>	County (6) <u>BERGEN</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior 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>08/07/14</u>		Sched. Completion Date (11) <u>08/22/14</u>		License Number <u>01169</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>				Name of OSHA Monitor <u>D & S Restoration, Inc.</u>	
				Street Address <u>20 California Avenue</u>	
				City, State, Zip Code <u>Paterson, NJ 07503</u>	

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)	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	1301 ft	X			

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>		Cubic Yards of Waste <u>2 yds</u>		Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>08/08/14</u>		City, State <u>TULLYTOWN, PA</u>			
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature		Date <u>08/04/ 2014</u>	

* 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. #: 2014-323

Date of Notification (1) 10/18/10 17/11/14		Name of Building Owner/Operator (2) brian kramer	
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 high street City, State, Zip Code WEST ORANGE, NJ 07052 Name of Contact brian kramer	
	Telephone Number _____		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) brian kramer			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.)		
Street Address 9 high street			Square Feet _____		
City (5) WEST ORANGE			# of Floors _____		
County (6) ESSEX			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				D & S RESTORATION, INC.	
City, State, Zip Code				Street Address 20 California Ave.	
				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 08/19/14		Sched. Completion Date (11) 08/29/14			
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					
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					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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			

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/CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	51 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	25 lf	<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"/>
						<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.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/20/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 08/07/14	

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-126

Check # 6682

Date of Notification (1) <u>08/11/14</u>		Name of Building Owner/Operator (2) <u>Fred Gorgas</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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>48 Kenvil Avenue</u>	
		City, State, Zip Code <u>Succasunna, NJ 07876</u>	
		Name of Contact <u>Fred Gorgas</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Fred Gorgas</u>			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.)		
Street Address <u>48 Kenvil Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Succasunna, NJ 07876</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>08/21/2014</u>	Sched. Completion Date (11) <u>08/22/2014</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

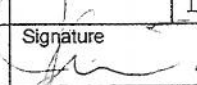
Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material 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			<input checked="" type="checkbox"/>	pipe insulation	132 lf	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>08/19/2014</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/11/2014</u>

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

Date of Notification (1) 8-12-14		Name of Building Owner/Operator (2) Environmental Resolutions, Inc.					
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 525 Fellowship Road, Suite 300 AUG 13 2014 City, State, Zip Code Mt. Laurel, NJ 08054 Name of Contact Joseph Hirsch Telephone N 170					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) vacant kitchen bldg, storage/mech bldg.		Type of Facility (4) <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.)					
Street Address 512 Lakeland Road		Square Feet 7,000	# of Floors 2				
City (5) Gloucester Township		Bldg. Age +/-50					
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.				
Street Address 515 Grove St., Suite 1B		Street Address 2251 Fraley Street					
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19137					
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505	License No. 01166				
Start Date (10) 8-19-14	Scheduled Completion Date (11) 9-30-14	Name of OSHA Monitor Pennoni Associates					
Occupancy Status During Abatement (Check only one) <input checked="" 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: outside removal		Street Address 515 Grove St., Suite 1B City, State, Zip Code Haddon Heights, NJ 08035					
Scope of Work (Check all that apply) * abatement prior to demo <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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)		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
			X *see attached*				
					X		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage			
City, State Morrisville, PA			Disposal Date	City, State Libson, OH			
Completed by Jennifer Niven		Title Dir. of Operations		Signature 		Date 8-12-14	

512 Lakeland Road

Kitchen Bldg.				
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
fire door insulation	storage/mechanical bldg.	6	SF	REM
window glazing putty a/w partition walls	storage/mechanical bldg.	150	LF	REM
9x9 gray floor tile	storage/mechanical bldg.	170	SF	REM
mastic a/w gray 9x9 floor tile	storage/mechanical bldg.	170	SF	REM
roofing system materials(a/w all layers of the flat roof	storage/mechanical bldg.	3000	SF	REM
window glazing putty	storage/mechanical bldg.	500	SF	REM
block pipe insulation	crawlspace	160	LF	REM
corrugated pipe insulation	conn hallway from senior ctr to WIC	8	LF	REM
brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
mastic/paper a/w brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
fire door insulation	conn hallway from senior ctr to WIC	6	SF	REM
window glazing putty	conn hallway from senior ctr to WIC	750	SF	REM
fire door insulation	original kitchen bldg.	6	SF	REM
9x9 brown floor tile	original kitchen bldg.	60	SF	REM
mastic a/w brown 9x9 floor tile	original kitchen bldg.	60	SF	REM
window glazing putty	original kitchen bldg.	200	LF	REM

AUG 13 2014

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

Date of Notification (1) 8/6/14		Name of Building Owner/Operator (2) Southern New Jersey Family Medical Centers, Inc.							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amended	1 Whitehorse Circle					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<input type="checkbox"/>	<input type="checkbox"/>	Hammonton, NJ 08037					
			Name of Contact		Telephone Number				
			Ms. Linda Flake						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Southern NJ Family Medical Center				Type of Facility (4)					
Street Address 651 High Street				<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) Burlington				Square Feet 20,000	# of Floors 2				
County (6) Burlington				Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Medical Facility							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 3 Terri Lane		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 8/12/14		Scheduled Completion Date (11) 8/15/14		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: 7:00 am - 12:00 am				200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
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 type="checkbox"/> Mini-Enclosure <input 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
Mechanical Room	x			VAT	225 SF	x			
Old Lab Room	x			VAT	480 SF	x			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. 13012602		Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill				
City, State Exton, PA		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 8/12/14			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 12 / 14		Name of Building Owner/Operator (2) Glassboro Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 141 Delsea Manor Dr. AUG 13 2014							
		City, State, Zip Code Glassboro NJ 08028							
		Name of Contact Ron Miller Jr	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Whitney Gardens B Building- Hotel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 30 Williams St.		City (5) Glassboro NJ 08028							
City (5) Glassboro NJ 08028		Square Feet 10,000	# of Floors 2						
County (6) Gloucester		County Code (7)(STATE USE ONLY)	Bldg. Age 50+						
Current Use (Prior if being demolished) housing									
Name of Monitoring Firm Hired by Building Owner (8) Health And Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 318 12th Street		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00847						
Start Date (10) 8 / 25 / 14		Scheduled Completion Date (11) 9 / 5 / 14							
Name of OSHA Monitor CES									
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 Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <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) (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
24/26 32/34 36/38 40/42 Mech Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings in mechanical rooms	80 LF	<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"/>	<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"/>
Name of Registered Waste Hauler Allied		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Constoga Landfill					
City, State Telford, PA		Disposal Date 9/6/14		City, State Morgantown, PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 8/12/14			

AUG/12/2014/TUE 03:53 PM BJDS

FAX No. 215-322-1616

P. 001

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Purauant to NJAC 8:26 and 5:16)

DOL - 10 DAY

0112-02

Date of Notification (1) 08 / 12 / 14		Name of Building Owner/Operator (2) WASHINGTON TOWNSHIP SCHOOL DISTRICT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSB <input checked="" type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH ROAD City, State, Zip Code SEWELL NJ 08080	
		Name of Contact	Telephone Number 14

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) WASHINGTON TOWNSHIP HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 529 HURFVILLE-CROSS KEYS ROAD		Square Feet >50,000	# of Floors 2
City (5) SEWELL		Bldg. Age 30	
County (6) GLOUCESTER Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GRP., INC		ASCM No. 00073	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address P.O. Box 316		Street Address 1346 INDUSTRIAL BLVD	
City, State, Zip Code WEST DEPTFORD, NJ 08086		City, State, Zip Code SOUTHAMPTON, PA 18986	
Project Manager for Monitoring Firm David Flanigan		Telephone No. 856 848 0800	License No. 00793
Start Date (10) 8 / 13 / 14	Scheduled Completion Date (11) 8 / 27 / 14	Name of OSHA Monitor N/A	
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 Time of Abatement: 7:00AM- PM/11:00PM- AM		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

- ☒ ≥ 5 sf or ≥ 3 lf
☐ ≥ 100 sf or ≥ 260 lf
☒ Renovation
☐ Demolition
☒ Full Containment with 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)			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	Encapsulation	Enclosure
BOILER RM 11/12/ WING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INS AND DEBRIS	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC	N.J.E.P Waste Hauler ID No. 20000	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE, DE 19720	Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) DAHIAN LAVELLE	Title PROJECT MGR.	Signature Dahian Lavelle	Date 8/12/14

A88-41
MAY 11

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 08 / 12 / 14		Name of Building Owner/Operator (2) WASHINGTON TOWNSHIP SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH ROAD <div style="text-align: right;">AUG 13 2014</div>							
		City, State, Zip Code SEWELL NJ 08080							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WASHINGTON TOWNSHIP HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 529 HURFVILLE-CROSS KEYS ROAD		Square Feet >50,000	# of Floors 2						
City (5) SEWELL		Bldg. Age 50							
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GRP., INC	ASCM No. 00073	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address P.O. Box 316		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code WEST DEPTFORD, NJ 08086		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm David Flanigan	Telephone No. 856 848 0800	Telephone No. 215 322-2900	License No. 00793						
Start Date (10) 8 / 13 / 14	Scheduled Completion Date (11) 8 / 27 / 14	Name of OSHA Monitor N/A							
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 Time of Abatement: 7:00AM-11:00PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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)			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
BOILER RM 11/12/ WING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER INS AND DEBRIS	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE	Title PROJECT MGR.		Signature <i>Damian Lavelle</i>			Date 8-12-14			